

Shivon O'Brien
P.O. Box 4626
Incline Village, NV 89451

Release Form

Liability Waiver

I the undersigned, understand that Shivon O'Brien does not provide any insurance coverage for any activities or programs that my child(ren) may participate in. Additionally, I and my family shall hold harmless Shivon O'Brien from any liability and/or responsibility for any accident, illness or injury that occurs while under the care of Shivon O'Brien.

Parent or Guardian's Signature: X _____

Contract Agreement

I agree to pay Shivon O'Brien for the agreed upon rate for services rendered.

Parent or Guardian's Signature: X _____

I request that the nanny, Shivon O'Brien, seek emergency medical care for my child, should this be necessary.

In an emergency, I expect to be contacted at # _____

Or as a backup you can try # _____

Our plans are to be at: _____

Please inform Shivon O'Brien if you have a change of plans

Emergency Contact Information

FAMILY DOCTOR,

FRIEND or RELATIVE. Name: _____ Phone #: _____

Parent or Guardian's Signature: X _____