

WAIVER OF LIABILITY

I, _____ (name of parent) hereby acknowledge that I have requested payment from the St. Louis County Public Health and Human Services Department for the purpose of providing respite care for my child, _____. I further acknowledge that I have requested _____ (name of friend/relative) to provide said care and that he/she is not a licensed childcare provider. I therefore agree that St. Louis County is not responsible for any harm that may come to my child, or any liability, loss, costs, damages, or expenses incurred by me arising out of the respite provider's performance or failure to adequately perform his or her obligations.

_____ (signature of parent)

_____ (printed name of parent)

_____ (date signed)