

**North Dallas Early Childhood PTA (NDECPTA)  
Waiver of Liability Agreement**

I, the undersigned, as the parent, sole managing conservator, joint managing conservator, or legal guardian, and acting on behalf of and with the authority of any other parent, guardian, or legal representative of (list names of children)

\_\_\_\_\_ (hereinafter referred to as “the child/children”) hereby agree to irrevocably and unconditionally release and waive any and all claims and causes of action, of injury, death, or property damage (statutory or at common law) that I or the child/children may have against NDECPTA, its officers, directors, agents, employees, instructors, or volunteers that arise out of or in connection with the provisions of baby-sitting or nursery services by the NDECPTA. I understand and accept that the safety of the children and screening of the sitters is the responsibility of every member of NDECPTA. I understand and agree that the officers, directors, agents, employees, instructors, or volunteers are not guarantors of the health and safety of the children. I do, however, acknowledge that because of my relationship to the child listed herein above, the ultimate safety of the child is my sole responsibility. I understand and agree that during NDECPTA events and activities, I will remain on the meeting premises in order to adequately supervise the child. I understand the nursery is for the sole purpose of child watch during the duration of the meeting only.

I understand and agree that these claims are released and waived regardless of any cause or of any fault or negligence of NDECPTA, its officers, directors, agents, employees, instructors, or volunteers. As part of the consideration for the child/children being allowed to participate in the babysitting or nursery services of NDECPTA, I hereby personally assume all risks in connection with the child/children’s participation in said baby-sitting and nursery services of NDECPTA. I fully understand and accept that NDECPTA is a non-profit, volunteer organization for the benefit of its members.

I understand and agree that I am executing this document voluntarily and without duress from any person; that no representation by any person acting on behalf of the NDECPTA has influenced or induced the execution of this document; that I have carefully read and understand this document; that I am not under the influence of any substance nor under any mental incapacity that would affect me at the time of signing, and that I am aware of the consequences of the execution of this document.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_