

**Neta's Nannies**

FAMILY'S NAME: \_\_\_\_\_

**P.O. Box 2601**

DATE OF SERVICE: \_\_\_\_\_

**Kings Beach, CA 96143**

NANNIES NAME: \_\_\_\_\_

## **Release Form**

### **Liability Waiver**

I hereby relinquish all claims or possible liability with Neta's Nannies. At no time will Neta's Nannies be held responsible for any damage or loss resulting from placement/contracting with Neta's Nannies referral, including any non-negligent acts of commission or omission on my part or the part of the referred nanny. I also agree that Neta's Nannies will not be held liable for the reimbursement of any fees arising from any possible court cost or lawyer fees stemming from any claim that may be made by any person.

*Parent or Guardian's Signature:* **X** \_\_\_\_\_

### **Contract Agreement**

I agree to inform Neta's Nannies of any additional dates/times that are in addition to the original placement. I agree not to privately engage in business of any kind with the nanny referred to me through Neta's Nannies. I understand that each nanny has signed an agreement with Neta's Nannies that prohibits him/her from doing any additional work for past or present clients of Neta's nannies without written consent and is instructed to inform her of any offers.

*Parent or Guardian's Signature:* **X** \_\_\_\_\_

### **Medical Release**

I request that the nanny (referred to us through Neta's Nannies) seek emergency medical care for my child, should this be necessary.

THE CHILDREN'S FULL NAMES AND DATES OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

**My child has the following allergies to medications or other specific health conditions:**

\_\_\_\_\_

**In an emergency, I expect to be contacted at CELL #** \_\_\_\_\_

**Or as a back up you can try CELL #** \_\_\_\_\_

**Our plans are to be at:** \_\_\_\_\_

Please inform the nanny if your plans change

OPTIONAL:

**If for any reason I do not return (GOD FORBIT) or can not be reached at the numbers provided, contact our**

**FAMILY DOCTOR,**

**FRIEND or RELATIVE. Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Circle one

**This person is also authorized to pick up the children after a period of twelve hours.**

*Parent or Guardian's Signature:* **X** \_\_\_\_\_