



TURKS & CAICOS ISLANDS

**LIABILITY FORM/PARTICIPATION AGREEMENT/
INDEMNIFICATION&ACKNOWLEDGEMENT OF RISK**

In consideration of _____ (print your name/child's name) being permitted by Little Angel nanny Services to participate in its babysitting services and activities. I agree to indemnity and hold harmless Little Angel Nanny Services and its staff from any and all claims, demands, or causes of action which are brought by myself and/or my child and/or on behalf of my child against Little Angel Nanny Services and which are connected in any way with such use or participation with me/my child. I agree that if any portion of this agreement is found to be void or unforeseeable, the remaining portions shall remain in full force and effect.

I acknowledge that my/ my child's participation _____

I hereby represent that I am /my child is in good health, that there are no special problems associated with myself/my child and that I have adequately informed Little Angels Nanny Services personnel of any special instructions regarding myself/my child. I certify that I have adequate insurance to cover any injury or damage I /my child may suffer while participating, or else I agree to bear the costs of such injury to myself/ my child.

I authorize Little Angels Nanny Services personnel to call for medical care or to transport myself/ my child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. I further author authorize appropriate personnel to render such medical treatment as is necessary for the health of myself/ my child, in their professional opinion. I agree that that once I/ my child is in the care of medical personnel or a medical facility, Little Angels Nanny Services personnel shall have no further responsibility for myself/my child and I agree to pay all costs associated with such medical care and transportation.

I hereby give permission for myself/ my child to partake in all activities as outlined by Little Angels Nanny Services. I also give permission to travel in vehicles under the supervision of Little Angel Nanny Services staff. I certify that the above information is complete and correct.

I agree to pay the cost to repair/ replace any _____ equipment in the event it becomes damaged or lost.

Participant Name _____ Parent's Name _____

Hotel or Villa Name# _____

Home /Cell Number _____ Local Number _____

Date _____

Participant/Parent/Guardian Signature _____



Cancellation & Payment Policy

Changes can be made up to 12 hours without penalty. If less than 12 hours, full charges apply.

I certify that all information is complete and accurate. I hereby authorize **Little Angel's Nanny Service**, Providenciales, Turks and Caicos to collect payment for all charges as indicated in the Approved Charges Section of this form by processing a charge to the Credit Card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name (printed): _____

Cardholder Signature: _____ Date: _____