

Saugus Union School District

SAFETY AND RISK MANAGEMENT

24930 Avenue Stanford
Santa Clarita, CA 91355
(661) 294-5300 ext. 5194 FAX (661) 294-3585

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK FOR RELEASING A MINOR TO A MINOR-GENERAL WAIVER/HOLD HARMLESS AGREEMENT

I hereby authorize _____, a minor, to pick up my
minor child, _____, from the Child Development
Program at _____.

I understand and acknowledge that agreeing to release a minor child to an individual less than
eighteen (18) years of age, poses a potential risk.

I further understand and acknowledge that in order to allow for such an arrangement, I agree to
assume liability and responsibility for any and all potential risks that may be associated with this
arrangement.

**As stated in California Education Code Section 35330, I hold Saugus Union School District,
its officers, agents, and employees harmless from any and all liability or claims which may
arise out of or in connection with this arrangement.**

Parent's/Guardian's Name: _____

Address: _____

City, State, & Zip _____

Phone Number: _____

Parent's/Guardian's Signature: _____

Date: _____

*This form shall be kept on file at the Child Development Program for the duration of the
_____ - _____ School Year.*