**Waiver of Liability and Assumption of Risk**

I, , with approval from my supervisor, desire to bring my infant to work according to guidelines presented by my supervisor. I plan to bring my infant to work from to .

In consideration for the opportunity, I voluntarily agree to assume all risks involved in my and my infant’s participation in the program. I hereby release, waive, discharge and agree to hold harmless, for any and all purposes, San Juan County and its officers, agents or employees from any and all liabilities, claims, demands, or injury that may be sustained by me or my infant as a result of bringing my infant to work. I further agree to assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by my infant or me as a result of bringing my infant to work. I further agree to indemnify and hold harmless San Juan County for any loss, liability, damage or cost, including court costs and attorney’s fees that may occur as a result of my bringing my infant to work.

Employee Signature: Date: Infant’s Name