



State of New Hampshire

Charles M. Arlinghaus
Commissioner
(603) 271-3201

DIVISION OF PERSONNEL
Department of Administrative Services
State House Annex — 28 School Street
Concord, New Hampshire 03301

Lorrie A. Rudis
Director
(603) 271-3261

Infants in the Workplace Program

Care Provider Waiver of Liability and Assumption of Risk

As an employee of the Department of
I, _____ (Care Provider), desire to participate in New Hampshire's
Infants in the Workplace Program. I plan to participate in this Program from
to _____.

In consideration for the opportunity to participate in New Hampshire's Infants in the Workplace Program, I expressly, willingly and voluntarily assume all risks involved with or arising from my participation in the Program. I hereby release, waive, discharge and covenant not to sue the State of New Hampshire, including all of its agencies, departments, officers, agents and employees from any and all liabilities, claims, demands, for injury, accidents or illness (including death) that may be sustained by me while participating in the Program while on premises owned or leased by the State of New Hampshire.

I further agree to assume full responsibility for any risks of injury, accident or illness which may be sustained by me as a result of participating in the Program. I hereby acknowledge that my participation in the Program is voluntary and that I knowingly assume all such risks. In addition, I agree to indemnify and hold harmless the State of New Hampshire for any loss, liability, damage or cost, including court costs and attorney's fees that may occur as a result of my participation in this Program.

This waiver and release from liability extends to and includes the owner/lessor of any premises leased to the State of New Hampshire in which the program operates, including for injuries, damage or losses caused by the owner/lessor's negligence. Care Provider acknowledges that the owner/lessor has disclaimed all liability for damage or injury occurring on the premises to participants in the program.

I have read this Waiver and Release of Liability and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily.

Employee Signature:

Date:

Parent Name: