

EXHIBIT D

CLIENT WAIVER

Each of the undersigned is a parent/legal guardian of _____,
a child who is being enrolled for day care services at **Family & Friends Day Care Center**. I/We understand that the Center is solely responsible for its operations, its staff, and for the building, furniture, grounds and equipment that make up the center. I/We also understand that **Abington Jefferson Health Hospital Corporation (Lansdale Hospital)** is not responsible for the Center's operations, its staff, or for maintenance of its building, furniture, grounds or equipment.

I/We waive any claims against **Abington Jefferson Health Hospital Corporation** (Lansdale Hospital) for any injury to person or damage to property that may in any way arise out of my/our child's participation in the Center's programs, including without limitation, any injury or damage that may occur during drop off and pick up of my/our child on property outside of the Center's property. I/We sign this waiver freely and without duress.

Signature of Guardian
Relationship to Child: _____
Date: _____

Signature of Guardian
Relationship to Child: _____
Date: _____

