

**Liability Release Form**

**Electronics**

I hereby release the Family Home Child Care Society of Pictou County, its agents, servants and employees from any and all liability for any damage to my child's electronic device while he/she/they are in the care of the Family Home Child Care Program.

Child(ren): \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_