

State of Nevada
Department of Health and Human Services
Infant-at-Work-Program
Waiver of Liability, Indemnification, and Medical Release

Employee's Name (Please Print)

Employee ID

Agency Number

Division/Unit

I acknowledge the potential problems that can develop and the risks involved as a result of my or my infant child's participation in the Infant-at-Work program as defined in the Infant-at-Work policy.

I am acting on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, as well as on behalf of my infant child, his/her personal representatives, heirs, next of kin, successors and assigns, to:

- a. Waive, release, and discharge the State of Nevada and its agencies, officers, and employees from any and all liability for me or my infant child's death, disability, personal injury, property damage, property theft, or claims of any nature which may hereafter accrue to myself or my infant child as a direct or indirect result of participating in the Infant-at-Work program;
- b. Indemnify and hold harmless the State of Nevada and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expenses, and fees arising out of or as a result of any of my or my infant child's actions during my participation in the Infant-at-Work program, as well as all claims or rights of action for damages which the infant child has or may hereafter have, either before or after he/she reaches his/her majority; and
- c. Waive, release, and discharge the State of Nevada and its agencies, officers, and employees from any and all liability to me or my infant child in the event it is determined my infant child's presence is disruptive to the work environment and productivity for any reason.

I hereby consent to receive medical treatment and authorize medical treatment for my infant child, which may be deemed advisable in the event of injury, accident or illness during my participation in this program. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant(s), acknowledge that I have read and understand the above Waiver, Indemnification and Release.

Employee's Signature

Date

Other Parent's Signature

Date

Original: Agency Personnel File
Copy: Supervisor
Employee