

**1199SEIU/EMPLOYER CHILD CARE CORPORATION  
WORKFORCE 2000 PARENT WAIVER AND RELEASE 2013-2014**

I, the undersigned, am a participant in the 1199SEIU/Employer Child Care Fund or the 1199SEIU/Greater New York Child Care Fund, as applicable (hereafter, CCF). I am the parent/guardian of \_\_\_\_\_, a minor child and I give permission for my child to participate in **THE WORKFORCE 2000 PROGRAM**, which is under the auspices of the 1199SEIU/Employer Child Care Corporation (CCC).

I acknowledge that my child will participate in this program from **July 2013 to the end of June 2014**. I understand that CCC is subcontracting with different organizations/Providers that run portions of the program. I understand that while CCC endeavors to contract with quality Providers, CCC does not hire the staff or purchase the materials for the subcontracted portions of the program. I acknowledge that CCC assumes no responsibility whatsoever for the manner in which the subcontracted programs is conducted, the activities that may be performed or any other matter related to or arising out of the subcontracted portions of the program. Therefore, I acknowledge that I will not take action against CCC for any accident, injury, damage or loss to person or property resulting from my child's participation in the subcontracted portions of the program. This in no way limits my right to take such action against the Providers. In exchange for the CCC payments for my child's participation in the subcontracted portions of the program, I release and discharge CCC and any of its Trustees, officers, employees, affiliates, successors, assigns, and agents (whether acting in their individual capacity or as agents of CCC) from any and all liability, responsibility or claims (including, but not limited to claims for negligence) present and future, known or unknown pertaining to any accident, injury, damage or loss to person or property which may occur during the course of my child's participation in the subcontracted portions of the program.

I hereby give permission for my child to be photographed and/or videotaped while participating in the program and agree that these photographs and/or video images may be used by CCF or by the 1199SEIU United Healthcare Workers East for brochures, newsletters, and other promotional materials.

Each provision of this release is valid and enforceable to the fullest extent permitted by law. If any provision is invalid or unenforceable, for any reason, that will not affect the validity or enforceability of any other provision.

I hereby consent to emergency medical treatment should my child require medical attention.

**Taxable Benefit**

I hereby acknowledge that the Internal Revenue Service has determined that the WorkForce 2000 Program is a Taxable Benefit and that I will receive a W-2 form from the 1199SEIU Child Care Funds at the end of the year that will represent the value of the WorkForce 2000 Program benefit. I understand that this amount must be included when I file my tax return.

I have read this waiver and release, understand its terms and execute it voluntarily and with full knowledge of its importance.

Member's Name: \_\_\_\_\_ Member Alternate ID #: \_\_\_\_\_  
(Please Print)

Institution: \_\_\_\_\_

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_