



INDEMNITY FORM

We, the undersigned

Father (Full name	
and surname)	
Mother (Full name	
and surname)	
Of (Full names	
of child)	

Do hereby indemnify **Little Corner House Montessori Nursery** (Owner/s) of the place of care) in respect of any emergency, injury or accident of whichever nature and under whichever circumstances that our child may acquire whilst they are under the control and care of **Little Corner House Montessori Nursery** and it's representative staff.

Signed at

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Date

D	D		M	M	20	Y	Y
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Father's Signature _____ Mother's Signature _____