COUNTY OF TUOLUMNE

Release of Liability and Payroll Deduction Authorization
Child Care Option

Name: _____ Effective Date: _____

Employee ID #: _____ Deduction Code: _____
(For payroll use only)

I authorize the County to deduct $_____ per pay period from my cafeteria allowance/pay, in accordance with applicable tax laws, for the purpose of paying incurred child care expenses to a provider designated through an employee survey process. The provider to whom my deduction is to be paid is (mark one):

___ Kiddie College - CCKC
95 S. Forest Road
Sonora, CA 95370

___ Safari Learning Preschool & Daycare
13670 Mono Way, Ste. C
Sonora, CA 95370

___ Connie Garcia
20596 Willow Springs Dr.
Soulsbyville, CA 95372

___ Christian Heights Church
13711 Joshua Way
Sonora, Ca. 95370

__Bonnie Liedtke
19180 Hillsdale Dr.
Sonora, CA 95370

___ Kountry Kids
229 S. Shepherd St
Sonora, CA 95370

___ Sr. Youth Partnership CCYP
43 N. Green St.
Sonora, CA 95370

___ Susan Sullivan
16830 Ridgeview Ct.
Sonora, CA 95370

___ Kathy O'Gorman
22475 Fortuna Mine Rd.
Sonora, CA 95370

Release of Liability: I understand the County did not select any of the listed child care providers for inclusion in this payment option. I also understand the County has not investigated any of the providers in any way, the County does not recommend any listed provider, and the County does not vouch for the quality of care provided by, or the safety of my child at, any listed provider. I agree that my decision to use any listed provider is solely at my own discretion and judgment.

Further, **ON BEHALF OF MYSELF AND MY CHILD(REN), I RELEASE THE COUNTY, ITS OFFICERS AND EMPLOYEES, FROM ALL LIABILITY, LOSS, OR EXPENSE FROM ANY HARM (INCLUDING PERSONAL INJURY AND PROPERTY DAMAGE) TO ME OR MY CHILD(REN) ARISING FROM ANY ACT OR OMISSION TO ACT (INCLUDING NEGLIGENCE) BY THE COUNTY OR ANY OF ITS OFFICERS OR EMPLOYEES IN CONNECTION WITH MY USE OF A LISTED PROVIDER. I AGREE TO PAY ANY AND ALL JUDGMENTS (AND RELATED EXPENSES, INCLUDING ATTORNEY'S FEES, TO DEFEND AGAINST ANY LAWSUIT) SUFFERED BY THE COUNTY IN A LAWSUIT FILED BY MY CHILD(REN), ANOTHER PARENT, OR ANY PERSON CLAIMING DAMAGES IN CONNECTION WITH MY USE OF A LISTED PROVIDER.** I agree I have read and understand the foregoing agreement.

_____ _____
Signature Date

I understand that the enrollment period is January 1 thru December 31 of each year. I further understand that I cannot change this election until the next open enrollment period.

_____ _____
Signature Date

Revised 8.10.2011