WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing this Waiver for your minor child/ward to be transported by ABC Care, Inc. ("ABC Care") van and supervised by ABC Care staff, you will be waiving your rights to any claims for injuries that your minor child/ward might sustain arising out of being transported by ABC Care van, and you will be required to indemnify, hold harmless and defend ABC Care and St. John's, Westminster, Catholic School, Inc. ("St. John's Catholic School"), St. John's, Westminster, Roman Catholic Congregation, Incorporated ("St. John's Church") and the Roman Catholic Archbishop of Baltimore, a corporation sole (the "Archdiocese") for any claims arising out of your minor child/ward being transported by van by an ABC Care staff member.

It is understood that the ABC Care staff member/van driver will take all precautions and follow all normal and standard safety procedures for transportation of your student from West Middle School to St. John Catholic School each morning. This transportation includes picking up students at West Middle School, Westminster, Maryland and transporting them across Monroe Street to the front door of St. John Catholic School.

by an ABC Care staff member, I, as the parent or legal guardian of

In consideration of my minor child/ward being allowed to be transported by van

(name of child) recognize and acknowledge that there are certain inher	ent risks of physical
injury associated with being transported by van.	
I do hereby fully release and discharge ABC Care, St. John'	e School St. John's
Church, the Archdiocese, and all of their officers, agents, employees	
from any and all claims from injuries, damage or loss which I, or	and representatives
(name of child) may have or which may occur on account of being tra	anguarted by yan by
an ABC Care staff member from West Middle School to St. John's	
further agree to indemnify, hold harmless and defend ABC Care,	
School, St. John Church and the Archdiocese, their officers, age	
representatives from any and all claims sustained by me or	(name
of child), including attorney's fees, arising out of, connected with or in	
with (name of child) being transported by va	in by an ABC Care
staff member.	
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Parent's Name:	
Parent's Signature:	
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