

### Parental Supervision Waiver and Approval Request:

I, \_\_\_\_\_, am requesting permission to bring my child/children to the City of Lincoln premises. I understand that this request requires prior approval from the Department Director, who may reevaluate, modify, suspend, or revoke the decision at any time for any reason, and that this decision is not grievable.

#### Waiver:

I understand and acknowledge that I am bringing my child/children to the City of Lincoln premises.

In consideration for being permitted to bring my child/children onto the City of Lincoln premises, I voluntarily agree to release, indemnify, and hold harmless the City of Lincoln, its officials, employees, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child/children or to any property belonging to my child/children while they are on the City of Lincoln premises.

I understand and acknowledge the risks associated with bringing my child/children to the workplace, including but not limited to hazards related to office equipment, machinery, furniture, and other workplace elements. I agree to supervise my child/children at all times and to ensure that they comply with all safety rules and instructions provided by the City of Lincoln.

I certify that my child/children are free from communicable illness and that I have adequately informed them of expected behavior and safety precautions.

I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska, and that if any portion of this Parental Supervision Waiver is held invalid, the remainder shall continue in full legal force and effect.

I acknowledge that I have read and understand the Children in the Workplace policy, and I have carefully read this waiver and fully understand its contents. I am aware that by signing this waiver, I am waiving certain legal rights, including the right to sue, and I agree to abide by the terms and conditions outlined in the Children in the Workplace policy.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child/Children's Names: \_\_\_\_\_

*Return this completed form to your Department Director.*

To be completed by the

Signature: \_\_\_\_\_

Department Director or Designee:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Approved: [ ]

Date: \_\_\_\_\_

Not Approved: [ ]

After completion by the Department Director, please forward to Human Resources.