CHILDCARE PROVIDER DISCLAIMER

I have requested to participate in the CHILDCARE MATCHING PROGRAM coordinated by The University of Texas Health Science Center at San Antonio (“UT Health San Antonio”). I understand that CHILDCARE MATCHING PROGRAM is a voluntary program and that I am not required to participate. Participation in CHILDCARE MATCHING PROGRAM is not within the scope of UT Health San Antonio employment, and UT Health San Antonio will not control or direct my participation. Choosing to participate in CHILDCARE MATCHING PROGRAM will not affect working conditions, compensation, or employment prospects at UT Health San Antonio. To the extent participation in CHILDCARE MATCHING PROGRAM may result in use or disclosure of my education records or personally identifiable information, I expressly consent. I understand that the sole purpose of CHILDCARE MATCHING PROGRAM is to provide contact information for individuals willing to provide childcare services (“childcare providers”) for UT Health San Antonio employees, faculty, residents, and fellows who need emergency childcare during work hours at UT Health San Antonio (“childcare recipients”).

I am choosing to volunteer as a childcare provider for CHILDCARE MATCHING PROGRAM. My contact information and intake form responses may be provided to potential childcare recipients, and I will be required to negotiate the terms, conditions, and location of childcare services without any guarantee from UT Health San Antonio that I will match for the childcare services that I am offering. I further understand that while childcare recipients are UT Health San Antonio employees, faculty, residents, and fellows, UT Health San Antonio has not performed a background check or medical screening of the childcare recipients or their children or vetted the childcare recipients’ residences for the purpose of CHILDCARE MATCHING PROGRAM. I further understand that childcare services using CHILDCARE MATCHING PROGRAM cannot be provided on UT Health San Antonio’s campus.

With full knowledge of this and of the risks inherent in this activity, I voluntarily request to participate in CHILDCARE MATCHING PROGRAM. I understand and assume all risks associated with this activity, including all risk of personal injury or loss, bodily injury (including death), damage to, loss of, or destruction of any personal property. I do, voluntarily and completely, on my own behalf and on behalf of my personal representatives, heirs, executors, administrators, agents, successors, and assigns, hereby release, indemnify, hold harmless, and discharge UT Health San Antonio, The University of Texas System, and their respective regents, officers, employees, agents, successors, and assigns from and against any and all liability, claims, causes of action, or damages, of whatsoever kind and nature, whether known or unknown, foreseen or unforeseen, including bodily and personal injuries or death and damage to or loss of property, that I and my family may suffer in any way connected to or arising out of my participation in CHILDCARE MATCHING PROGRAM.