



"Empowering children to achieve excellence"

Jamboree Kids Pre-School

Sea Breeze Lane, P. O. Box N-1719

Nassau, N. P., Bahamas

Telephone: (242) 324-2939

Email: jamboreekids1@gmail.com

Monday - Friday 6:30am to 5:00pm

Accident Waiver and Release of Liability Form

Student's Name _____

Date of Birth _____

Grade _____ Male _____ Female _____

This is to certify that I _____, the parent/guardian of the above mentioned, refused acceptance of the insurance offered by Jamboree Kids Pre-School through BAF Financial & Insurance (Bahamas) Limited.

() Waive the School's Insurance Plan because I have my own plan.

() Waive the School's Insurance Plan because I don't want it.

I hereby assume all financial responsibilities due to accidents that my child might incur during school hours or field trips. I am aware that this is a release of liability and a binding contract which I sign of my own free will.

Signature _____

Relationship to Child _____

Date _____



BAF FINANCIAL
 & INSURANCE (BAHAMAS) LTD.

BAF FINANCIAL & INSURANCE (BAHAMAS) LTD.
STUDENT ACCIDENT AND DISABILITY
ENROLLMENT FORM

NAME OF SCHOOL:
INSURED NAME:
INSURED DATE OF BIRTH:
PARENT/GUARDIAN NAME:
STREET & POSTAL ADDRESS:
PHONE NUMBER(S):
BENEFICIARY(S):

<u>BENEFIT</u>	<u>PLAN A</u>	<u>PLAN B</u>
Annual Accident Benefit	\$ 7,500.00	\$3,750.00
Co-Payment	\$ 25.00	\$ 25.00
Accidental Dental Expense	\$ 750.00	\$ 375.00
Accidental Death	\$ 5,000.00	\$2,500.00
Loss of Both Hands and Feet	\$15,000.00	\$7,500.00
Loss of Sight in Both Eyes	\$15,000.00	\$7,500.00
Loss of Hearing or Speech	\$15,000.00	\$7,500.00
Loss of Sight in One Eye	\$ 7,500.00	\$3,750.00
Loss of One Hand or Foot	\$ 7,500.00	\$3,750.00
Loss of Thumb or Index Finger	\$ 3,750.00	\$1,875.00
Permanent Partial Disability Benefit	\$15,000.00	\$7,500.00

Please select (✓) the appropriate plan from below

Please enroll the named insured student in Plan (A) Premium \$20.00	<input type="checkbox"/>
Please enroll the named insured faculty/staff in Plan (A) Premium \$25.00	<input type="checkbox"/>
Please enroll the named insured student in Plan (B) Premium \$10.00	<input type="checkbox"/>
Please enroll the names insured faculty/staff in Plan (B) Premium \$15.00	<input type="checkbox"/>

NOTE: Children under the age of Two (2) are excluded
Insured must be referred to Doctors Hospital

Enclosed: Cash Cheque Authorized Signature _____

Print Name _____