PARENTS NIGHT OUT CHILD SAFETY FORM

Child Name:					
Child Date of Birth:		Age:			
Parent/Guardian Name:(person who will be picking up the child) Phone: ()					
Emergency Contact Name: _					
Emergency Contact Phone: _					-
Address:					_
City:	_ State:	Zip:			
Please list any special needs,			·	our ch	ıild:
By signing below, I agree that I have read and fron the bottom of this agreement. By signing bel	fully understand the tern low, I acknowledge no r	ns of this agreement, including a fully consistency of a fully consi	ing the Waiver an	f this cor	ntract
(consisting of this one page, one sided agreemer unless requested.	nt) executed by both my	self and a representative of	Sunrise Early Le	arning C	enter,
Parent/Guardian Signature:			Date:	/	_/
Sunrise Early Learning Cente					

Waiver and release

- Acknowledge my understanding that the Parents Night Out curriculum includes activities that have inherent risks that could result in physical injury. I hereby agree that my child may engage in the activities of SELC and I further agree to indemnify and hold harmless SELC, its teachers, aides, directors, owner and employees (collectively "Sunrise Early Learning Center") against any liability resulting from any injury that may occur to my child while participating in activities of SELC. I also agree to indemnify SELC for any damages incurred arising in whole or in part from any claims, demand, action or course of action by my child. In the event SELC or a volunteer provides transportation for my child, this waiver and release shall extend to and release the volunteer driver or SELC employee driver from any and all liability aforesaid.
 - I authorize any representative of SELC to have my child treated for any emergency medical treatment, operation, or anesthesia, which might become necessary during his or her participation. Further, I agree to pay all costs associated with medical care or service and transportation for my child.