

White Pass Outfitters

Emergency Contact and Childcare Waiver

Name of Parent/Guardian: _____ Phone Number: _____

Name of Parent/Guardian: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Child's Name: _____ Date of Birth: _____

Allergies/Medical Concerns: _____

List Any Behavior Issues: _____

Child's Name: _____ Date of Birth: _____

Allergies/Medical Concerns: _____

List Any Behavior Issues: _____

Child's Name: _____ Date of Birth: _____

Allergies/Medical Concerns: _____

List Any Behavior Issues: _____

I, the undersigned, am the parent/guardian of the above named child/children and I agree, in taking advantage of this childcare service, to release and hold harmless White Pass Outfitters from any and all claims, demands, suits, cost, and charges in connection with or arising out of the childcare service, including, but not limited to, injury to my child/children. In the case of a medical emergency or behavioral issue, I hereby grant permission for White Pass Outfitters and its employees full authority to take whatever actions they deem necessary regarding my child's health and safety in the event I cannot be reached or in the situation where time is of the essence; and fully release White Pass Outfitters and its employees from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible.

I HAVE READ AND UNDERSTAND THIS ON-SITE CONSENT AND WAIVER FORM AND SIGN VOLUNTARILY AND ENTIRELY OF MY OWN FREE WILL.

Parent/Guardian Signature: _____ Date: _____

