



# Exhilaration Station



## Camp Packet Parent/Guardian Contract

### *Family*

This contract is made between the parent(s)/guardians and *Exhilaration Station Family Resource Center*

Parent/ Guardian	
Address	
Phone	
Email	

Parent/ Guardian	
Address	
Phone	
Email	

Child		D.O.B.	
Child		D.O.B.	
Child		D.O.B.	

### *Arrival and Pick Up Times*

**Arrival Time 9:00 AM**

**Pick up Time 3:00 PM**

*If parent/guardian is going to be late picking up the child, every effort must be made to contact us.*



# Exhilaration Station



## Payments

Payment is due to Exhilaration Station Family Resource Center in advance by ***1st day of each camp***. Cash, personal check, credit card, or money order are accepted. Returned Checks: ***\$35 returned check fee***. *If more than one returned check: only cash or money orders will be accepted as payment.*

## Signatures

The signatures below indicate agreement with this contract and with the written policies of Exhilaration Station Family Resource Center (separate documents). The Exhilaration Station Family Resource Center may change policies as needed with advance written notice.

Parent Signature		Date	
Parent Signature		Date	

*If under the age of 18, a co-signer must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.*



# Exhilaration Station Contact and Health Information



## Contact Information

Child(ren)'s Name(s):

\_\_\_\_\_

Parent/Caregiver/Guardian's Name:

\_\_\_\_\_

Phone:

Email:

\_\_\_\_\_

Emergency Contact:

\_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information

### Allergies:

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Environmental (plants, insects, animal, other): \_\_\_\_\_

**Any developmental disability health concerns? Any trauma related concerns?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sensory Triggers (Smells, Sounds, Stimuli, Other):

\_\_\_\_\_

## Possible Limitations

My child can participate in all activities: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, my child can participate with the following limitations or adaptations:

\_\_\_\_\_

*I acknowledge that Exhilaration Station is **NOT** a licensed daycare facility.*

\_\_\_\_\_  
Parent/Caregiver/Guardian Signature

\_\_\_\_\_  
Date



# Exhilaration Station

## RELEASE OF LIABILITY AND ACCIDENT WAIVER

### Parent/Caregiver/Guardian Responsibility:

By signing this Waiver, I assume all risk of my child(ren) and/or myself participating in any of the activities at Exhilaration Station or OFFSITE EVENTS. I, as parent or legal guardian of minor(s) listed below, **now and in the future**, hereby grant permission to allow child(ren) to participate in all activities at Exhilaration Station or OFFSITE EVENTS and understand that all activities and play equipment endure certain known and unknown risks.

As parent, caregiver and/or legal guardian, I remain legally responsible for any personal actions taken by the below named child(ren). I agree on behalf of myself, my child(ren) named herein, or our heirs, successors, and assigns, to hold harmless, and indemnify the parties from, and defend Exhilaration Station, its Board officers, staff, and volunteers AND any individuals connected to our offsite events arising from or in connection with my child attending activities or in connection with any illness or injury or cost of medical treatment in connection therewith.

I agree to compensate Exhilaration Station, its Board officers, staff, and volunteers associated with the activity for reasonable attorney's fees and expenses arising in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries or damages, received or sustained by myself and/or my child(ren) arising during the course of the activities.

By signing below, I recognize and am aware that Exhilaration Station is **NOT a licensed day care facility**.

### Medical Release:

I hereby warrant that to the best of my knowledge, my child(ren) is/are in good health, and I accept all responsibility for the health of my child(ren) and assume the risk for any medical or physical/mental condition the minor(s) may have.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child(ren) during the activity. I certify that I have adequate insurance to cover any illness, injury or damage or else agree to pay the costs of such illness, injury or damage myself.

Although Exhilaration Station is taking all precautions to provide a sanitized, safe environment, I agree to follow all **COVID 19 (or any other virus)** rules and regulations and understand the risk of contracting illnesses in a public setting.

### Media Release:

I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising without compensation.

I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. With my signature below, I am waiving any right that I may have to bring legal action to assert a claim against Exhilaration Station, its Board officers, staff and volunteers.

Parent/Caregiver/Guardian – please fill out and sign below:

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

Print name of adult: \_\_\_\_\_

Relation to Child(ren): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of adult: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Comments:

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