

**MT. BACHELOR DAY CARE CENTER
RELEASE AND INDEMNITY AGREEMENT**

Parent or Guardian Name: Last _____ First _____

Last _____ First _____

Child's Name: Last _____ First _____ Sex: ____ Age: ____ Birth Date: ____ / ____ / ____

In case of emergency, I give permission for my child to receive medical treatment. Yes No

In case of emergency, I give permission to the Mt. Bachelor Day Care Center to call an ambulance or take my child to any available physician at my expense. Yes No

My child is: In diapers: Potty Trained:

Is your child receiving medications: Yes No If so, what kind? _____

Do you give permission to the Day Care Center to give the prescribed medication? Yes No

My child may have his/her picture taken and used for publicity or news purposes: Yes No

PARTICIPATION IN SNOW EXPERIENCE PROGRAM:

By my initials here, I authorize my child to participate in the Mt. Bachelor Day Care Center Snow Experience Program which has been explained to me.

PARENT OR GUARDIAN INITIALS: _____

Child's Name: Last _____ First _____ Sex: ____ Age: ____ Birth Date: ____ / ____ / ____

In case of emergency, I give permission for my child to receive medical treatment. Yes No

In case of emergency, I give permission to the Mt. Bachelor Day Care Center to call an ambulance or take my child to any available physician at my expense. Yes No

My child is: In diapers: Potty Trained:

Is your child receiving medications: Yes No If so, what kind? _____

Do you give permission to the Day Care Center to give the prescribed medication? Yes No

My child may have his/her picture taken and used for publicity or news purposes: Yes No

PARTICIPATION IN SNOW EXPERIENCE PROGRAM:

By my initials here, I authorize my child to participate in the Mt. Bachelor Day Care Center Snow Experience Program which has been explained to me.

PARENT OR GUARDIAN INITIALS: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Address: _____

City, State, Zip Code: _____

Who is authorized to pick up your child (include siblings, relatives and friends):

IN CASE OF EMERGENCY: Alternate Contact (out-of-town friend or relative is okay)

NAME: _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone: (_____) _____ - _____

MINOR RELEASE AND INDEMNITY AGREEMENT

In consideration of the participation in Mt. Bachelor, Inc.'s day care programs and the use of Mt. Bachelor, Inc.'s premises and facilities by the minor(s) named below, I hereby agree to release and indemnify Mt. Bachelor, Inc., its officers and directors, owners, agents, landowners, affiliated companies, and employees from any and all claims for property damage or loss, injury, or death which the minor named below may suffer or for which he or she may be liable to others, in any way connected with the Snow Experience Program and/or in the Day Care Center's activities, including travel to and from those activities. This release and indemnity agreement is applicable to any claim based upon negligence and any other theory of recovery, except claims based upon willful or intentional misconduct. I further agree to release and indemnify Mt. Bachelor, Inc. and all other individuals and entities noted above from any and all liability which might result from an act or omission by the minor(s) named below.

I also agree that all disputes between myself or the minor(s) named below and Mt. Bachelor, Inc. arising from my/our use of Mt. Bachelor, Inc.'s facilities or services will be governed by the laws of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Deschutes County, Oregon.

If any part of this contract is determined to be unenforceable for any reason or in any circumstance, it is intended that all other terms will be enforced in all other circumstances.

I HAVE CAREFULLY READ THIS RELEASE AGREEMENT AND ALL OF ITS TERMS AND I UNDERSTAND IT.

PARENT OR GUARDIAN (must be signed by parent or guardian if user is under eighteen (18) years of age).

MINOR NAME: (Please print)

LAST

FIRST

PARENT OR GUARDIAN NAME: (Please print)

LAST

FIRST

RELATIONSHIP: (Please print)

PARENT/GUARDIAN: I verify that I am the parent/guardian and/or have the authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms. I accept full responsibility for all medical expenses incurred as a result of the minor's participation in Mt. Bachelor, Inc.'s day care programs and his/her use of Mt. Bachelor, Inc.'s premises and facilities, and I agree to indemnify and hold harmless Mt. Bachelor, Inc. from any claim brought by, or on behalf of the minor.

PARENT OR GUARDIAN Signature: _____ **DATE:** _____