

Security # : _____

Kids Night Out Waiver & Required forms

We are a state licensed program so all information is required.
MTE School Age License #

Enrollment/Today's Date: ___/___/___ (initial)

Child's Name: _____ DOB: _____ Age: _____

Child's Name: _____ DOB: _____ Age: _____

Child's Name: _____ DOB: _____ Age: _____

How long has your child(ren) been at this altitude? _____

Parent/Guardian's Name(s): _____

Home Address: _____

Street city state zip

Local Address: _____

(if applicable) Street city state zip

Cell # 1: _____ Cell # 2: _____

Email Address(es): _____

Carefully read the following authorization and Indemnification agreement and release form from liability

I, _____ (parent/legal guardian) give permission for _____ (child/student) to participate in activities as part of the class in which he/she is enrolled. _____ (initial)

I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events, classes, or activities for use in publications, media, advertising, or any other MTE marketing, without compensation. I give permission for other parents to photograph my child as part of classes, events or activities. _____ (initial)

I understand that my signature on this form releases the MTE, its agents and employees from all liability at the above mentioned events, performances or activities. _____ (initial)

Medical Authorization and Indemnification Agreement

I further authorize the Mountain Top Explorium, formerly Mountain Top Children's Museum, Inc., at the discretion of any supervising employee, to obtain medical care for the child and/or transport or arrange to transport him/her to the appropriate clinic or hospital if medical attention appears to be necessary. I understand that the Explorium will make an effort to locate me in the event of such an emergency, but if it is not possible to locate me, I further authorize a licensed physician, dentist, or other medical care provider to carry out any emergency medical care of my child. I agree to pay all costs associated with such medical treatment and related transportation for my child.

_____ (initial)

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PERSONS ALLOWED TO PICK UP CHILD*:

*Do not include parents/guardians listed above, include EVERYONE who may pick your child(ren) up

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

EMERGENCY CONTACTS:**

**Do not include parents/guardians listed above, emergency contacts do not need to be in Summit County, two emergency contacts are REQUIRED

Name: _____ Relation: _____

Phone Number 1: _____ Phone Number 2: _____

Address: _____

ADDITIONAL INFORMATION (optional)

Any special needs or concern, please include any medications, allergies, intolerances, etc: _____

Full Paperwork will be filled out within 30 days of enrollment date.

(Can be found at <https://www.mountaintopbreck.org/kids-night-out>)

_____(initial)