



Date: _____

2020 Childcare Waiver Form

1. Child's First Name: _____ Date of Birth: _____

Child's Last Name: _____ Age: _____

2. Child's First Name: _____ Date of Birth: _____

Child's Last Name: _____ Age: _____

3. Child's First Name: _____ Date of Birth: _____

Child's Last Name: _____ Age: _____

Primary Guardian: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (other than person listed above): _____

Relationship to Child: _____ Phone Number: _____

Allergies (food, medication, environmental): _____

Special Needs that staff should be aware of: _____

WAIVER FOR PARTICIPANT AND BY PARENT/GUARDIAN:

In consideration of your accepting me or my child's entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the City of Vandalia Parks & Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Vandalia Parks & Recreation Department harmless of and from any and all liability of whatever nature which may arise out of result from such fees. For the consideration stated above, I further agree that in the event my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the City of Vandalia Parks & Recreation Department, its successors and assigns, for any and all loss and damage occasioned thereby:

Signature (Parent/Guardian)

Staff use only:

Today's date: _____

Staff initials: _____

Waiver Excel Sheet:

Date: _____

Staff initials: _____