

Totter's Otterville Parent's Night Out Emergency Authorization Form

Child's Name: _____

Parent/Guardian Name authorized for pick up: _____

Parent/Guardian Name authorized for pickup: _____

Child's Birthday ____/____/____ Age ____

E-mail _____

Address _____

City _____ State ____ Zip _____

Phone Number Parent/Guardian can be reached DURING the event _____

In an emergency, the parent phone number above will be the number called. Please list a secondary contact and phone number in the event that the parent cannot be reached:

Secondary Emergency Contact _____ Phone _____

Any health issues or pertinent information that we should be aware of?

Pick-Up Authorization

It is assumed that the parent/s listed above will be the adult/s picking up your child/ren. If another adult will be picking up instead of a parent, please list them below. Please note that everyone picking up a child MUST have their ID, including parents, and the names on this form MUST match the name on the ID. It is also understood that pick up MUST be made no later than 10:00pm when the event officially ends. Pick ups later than 10:00pm will be charged additional fees for our time after hours. Late pick up fees are as follows: \$10.00 for every 15 minutes after 10pm rounded to the next 15. ie – arriving at 10:07 will result in a \$10.00 fee. Arriving at 10:17 will result in a \$20.00 fee. Initial _____

Name of Secondary Pick Up authorization: _____

Relationship _____ Phone to be reached at during the event: _____

Parent/Guardian Signature _____ Date ____/____/____

**Totter's Otterville Parent's Night Out
Parent/Guardian's Authorization/Liability Waiver:**

Child's Name: _____

Parent/Guardian Name/s: _____

My children are of acceptable behavior and medically able and properly trained to attend Totter's Otterville Parent's Night Out. My children will abide by all decisions of adult supervision. I assume all risks associated with Parent's Night Out, including but not limited to falls, contact with other participants, the effects of the weather, all such risks being known and appreciated by me. Having read this waiver and knowing these facts I waive and release Totter's Otterville from all claims or liabilities.

In the event that my child needs immediate medical attention while participating in Totter's Otterville Parent's Night out, I authorized the Totter's Otterville staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services if they are needed.

Preferred Hospital: _____

I hereby release all pictures of my child taken at Totter's Otterville for promotional purposes and understand that they may be used on Totter's Otterville's Facebook page ad/or website.

Parent/Guardian Signature _____ Date ____/____/____