



Emergency Contact Information and Liability Waiver

The TREEHOUSE

at *The Westboro Learning Center*



Parent(s) Name(s) _____

Address _____

Primary Phone # _____ Alternate Phone # _____

If Parents cannot be reached Emergency Contact(s)

1. Name _____

Permission to pick child up: ____yes____no

Primary Phone # _____ Alternate Phone # _____

2. Name _____

Permission to pick child up: ____yes____no

Primary Phone # _____ Alternate Phone # _____

3. Name _____

Permission to pick child up: ____yes____no

Primary Phone # _____ Alternate Phone # _____

Child(ren) Names & Ages

1. Name _____ DOB _____ Age _____

Allergies/special
needs/medication _____

2. Name _____ DOB _____ Age _____

Allergies/special
needs/medication _____

3. Name _____ DOB _____ Age _____

Allergies/special
needs/medication _____

4. Name _____ DOB _____ Age _____

Allergies/special
needs/medication _____



Waiver Form

Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child(ren), a minor(s), I hereby consent to my child's(ren's) participation in voluntary programs at The Treehouse at the Westboro Learning Center and The Westboro Learning Center (hereinafter "The Treehouse/WLC").

I/We also agree to forever RELEASE The Treehouse/WLC, and all their employees, officers, agents, volunteers and any other individuals assisting or participating in voluntary programs from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's(ren's) participation in the said Treehouse voluntary programs which I/We may now or hereafter have as the parent(s) of said minor(s) and which said minor(s) has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child(ren) or property damage resulting from my child's(ren's) participation in The Treehouse/WLC voluntary programs or administration of first aid.

I/We further affirm that I/We have read the Parental Consent, Release from Liability and Indemnity Agreement., and I/We understand the contents of this Agreement. I/We understand that my child's(ren's) participation in these programs is voluntary and that my child(ren) and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in The Treehouse/WLC programs with full knowledge that the Releases will not be liable to anyone for personal injuries and/or property damage my child(ren) or I/We may suffer in the voluntary Treehouse/WLC programs.

I realize injuries can occur from participation in these programs. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer medical care as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____ Date _____

Print Name _____