



Entered into CSI

(Office Use Only)

KIDCENTER INFORMATION AND LIABILITY WAIVER

*Please complete both sides

Child's Name _____
(one child per form, please)

Child's Address _____
Street City State Zip

Child's date of birth ____/____/____
Month Day Year

Known allergies (include all foods and medications)

Medical Conditions and/or activity limitations

Physician's Name _____
Hospital Affiliation _____
Phone Number _____

Parent/Guardian Name _____
Home Phone Number _____ Work Phone Number _____
Emergency Contact _____
Home Phone Number _____ Work Phone Number _____

Individuals authorized to pick up child:
_____ Relationship _____
_____ Relationship _____

Individuals NOT authorized to pick up child _____

IN CONSIDERATION OF THE KIDCENTER SERVICE PROVIDED BY GALTER LIFECENTER TO MEMBERS, THE UNDERSIGNED AGREES TO RELEASE AND HOLD HARMLESS, SWEDISH COVENANT HOSPITAL, GALTER LIFECENTER AND ITS AGENTS, EMPLOYEES AND OFFICERS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES AND LIABILITY ARISING FROM OR DUE TO INJURY SUSTAINED BY THE CHILD NAMED ABOVE EXCEPT FOR INJURY WHICH MIGHT BE DUE TO INTENTIONAL OR NEGLIGENT ACTS ON THE PART OF THE GALTER LIFECENTER, ITS EMPLOYEES OR AGENTS.

IT IS ALSO UNDERSTOOD THAT GALTER LIFECENTER ASSUMES NO LIABILITY FOR LOST, STOLEN, DAMAGED OR BROKEN PERSONAL PROPERTY.

MEMBER/GUEST NAME (PLEASE PRINT)

DATE _____

Parent/Guardian Policies and Procedures Acknowledgement

I have received and reviewed the Parental Policy Information Sheet set forth by the Galter LifeCenter KidCenter. I agree to abide by all the policies stated. I am aware that I forfeit my rights to usage of the Galter LifeCenter KidCenter services if I do not observe these policies.

Name (please print) _____
First Last

Signature _____

Date _____

Please return completed form to the Galter LifeCenter KidCenter