

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian #1: _____ Home Phone: _____ Cell: _____

Address: _____

E-mail: _____

Workplace: _____ Workplace Phone: _____

Workplace Address: _____

Parent/Guardian #2: _____ Home Phone: _____ Cell: _____

Address: _____

E-mail: _____

Workplace: _____ Workplace Phone: _____

Workplace Address: _____

Emergency Contacts/Persons Authorized to Pick-up I authorize these named people to pick up my child:

Name: _____ Relation: _____ Phone: _____

Address: _____

E-mail: _____

Name: _____ Relation: _____ Phone: _____

Address: _____

E-mail: _____

I give my permission to the faculty and staff of Boulder Valley Waldorf School to pursue medical or surgical care for my above named child should the need arise. The permission may include transportation to and from a medical facility by a faculty or staff member or calling for an ambulance. In so agreeing, I acknowledge that a conscientious effort will be made to contact me before taking action if the nature of the situation allows. I agree to accept any expenses incurred.

Parent /Guardian Signature

Date

My child: _____ **will attend Camps at Boulder Valley Waldorf School**
(“School”) in _____ **for the following date(s):** _____

1. I understand that all application fees must be current in order for my child to attend camp at the School. I further understand that ALL forms, medications and records required by the Boulder Valley Waldorf School or the State of Colorado are to be turned in to the School in advance of the above-identified date(s).

2. I understand that in signing this Camp Contract, I am agreeing to accept the policies, rules and regulations of the School as stated in the Parent Handbook, and elsewhere, and as modified from time to time. I understand that the School reserves the right, in its sole judgment, to dismiss either temporarily or permanently any student when such action is deemed necessary and appropriate and/or deemed in the best interest of the student, class, or family involved.

3. This contract shall be interpreted in accordance with the laws of the State of Colorado.

ACKNOWLEDGEMENT OF RISKS: On behalf of myself and my child named above, I acknowledge that my child's participation in School programs and educational activities include a risk of injury and that it is impossible to fully eliminate that risk. I am aware of an acknowledge that the risk of property damage, personal injury, mental anguish, emotional distress, illness, death or other form of damage or injury arising from participation in School activities may result in claims by me and by my child against the School and its owners, directors, officers, trustees, employees and agents (“Releasees”).

RELEASES: In consideration for my child being permitted by the School to attend Camp at the School on the above-identified date(s), I, on behalf of myself and my child, voluntarily waive, exempt, release and discharge the Releasees from any and all liabilities, costs, damages, claims, demands, actions or causes of action, excepting claims based on the School’s gross negligence or willful misconduct, whatsoever arising from or related to my child's participation in any such activities, including, without limitation, any damage, loss or injury to my child or to her/his/their or my property, or any harm, injury, damage or loss to any other person or to property that my child may cause while participating in such activities. I understand and agree that the Releasees shall not be liable in any manner for the acts or omissions of others providing goods or services in connection with the activities. I further acknowledge and agree that neither I nor my child will at any point in the future commence any action, suit or other proceeding against the Releasees seeking to recover for one or more of the liabilities, costs, damages, claims, demands, actions or causes of action released herein.

The undersigned, each being a parent or guardian of the child named above, states that he and/or she has read this document in full before signing it, and understands that it is a binding legal obligation.

Parent/Guardian

Date

Parent/Guardian

Date

PARENTS/GUARDIANS: PLEASE SIGN EVERY APPLICABLE SECTION OF THIS FORM. PARENTS/GUARDIANS OF STUDENTS IN PRE-SCHOOL AND/OR KINDERGARTEN MUST SIGN THE SECTION ENTITLED "PERMISSION FOR CHILDREN TO HANDLE GLASS AND BREAKABLE ITEMS."

PERMISSION FOR TRANSPORTATION I authorize the school to transport my child for school-related or emergency purposes by foot or by vehicle. I acknowledge that transportation of my child involves certain risks to my child and those he or she may come into contact with, including, without limitation, risks of accidents, personal injury (including, without limitation, disability or death), and damage to property belonging to my child or others, and I knowingly agree to assume any and all such risks.

Parent /Guardian Signature

Date

PERMISSION FOR CHILDREN TO HANDLE GLASS AND BREAKABLE ITEMS I acknowledge that the Pre-school/Kindergarten classrooms contain breakable items, including, without limitation, glass, china and pottery, and I give permission for my child to handle breakable items such as these while at school. I acknowledge that handling breakable items involves certain risks to my child and those he or she may come into contact with, including, without limitation, risks of accidents, personal injury (including, without limitation, disability or death), and damage to property belonging to my child or others, and I knowingly agree to assume any and all such risks

Parent /Guardian Signature

Date

PERMISSIONS FOR MOISTURIZING LOTION/CREAM/LIP BALM APPLICATION I give permission for the school to assist with applying or to apply skin lotion, cream and/or lip balm to my child. I understand I must provide the lotion, cream and/or lip balm in the original over the counter container, labeled with my child's first and last name, and that such product(s) must be within the noted expiration date. I acknowledge it is my responsibility to check the ingredients of such product(s) to ensure my child is not allergic to it/them. I further acknowledge that applying such product(s) to my child involves certain risks, including, without limitation, risks of allergies, rashes or other conditions that could cause serious personal injury (including, without limitation, disability or death), and I knowingly agree to assume any and all such risks.

Name of Product: Special Instructions: _____

Parent /Guardian Signature

Date

PERMISSION FOR SUNSCREEN APPLICATION Per new rules from the Colorado Department of Humans Services and the Office of Early Childhood, all children are required to wear sunscreen or UVA/UVB protective clothing with a rating of 30 SPF or greater and all applications must be documented. We will be using Alba Botanical Hawaiian Sunscreen SPF 45 at school and for ease of use, we are requesting that ALL children use this sunscreen at school unless there are very special circumstances that require they use another brand.

I give permission for the school to assist with applying or to apply sunscreen to my child. I agree that **Alba Botanical Hawaiian Sunscreen, SPF 45** can be applied to my child. (Or, under special circumstances, I agree to supply sunscreen to the school in its original container, labeled with my child's first and last name, with a minimum of 30 SPF and within the noted expiration date.) I acknowledge it is my responsibility to check the ingredients of sunscreens to ensure my child is not allergic to them. I further acknowledge that applying sunscreen to my child involves certain risks, including, without limitation, risks of

allergies, rashes or other conditions that could cause serious personal injury (including, without limitation, disability or death), and I knowingly agree to assume any and all such risks.

*** Please apply sunscreen to your child BEFORE dropping them. When you sign them in you will need to indicate the time sunscreen was applied.**

*** Teachers will reapply sunscreen throughout the day per the directions on the bottle**

Parent /Guardian Signature

Date

PERMISSION FOR MOSQUITO REPELLENT I give permission for the school to assist with applying or to apply “Deet-Free, Buzz Away” mosquito repellent to my child. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. I further acknowledge that applying mosquito repellent to my child involves certain risks, including, without limitation, risks of allergies, rashes or other conditions that could cause serious personal injury (including, without limitation, disability or death), and I knowingly agree to assume any and all such risks.

Parent /Guardian Signature

Date

PERMISSION FOR RELEASE OF PHOTOGRAPHS OF CHILD, FILM OF CHILD, & CHILD’S ART TO BE USED FOR PUBLICATION I give permission for the likeness of my child and/or child’s artwork or other works to be used for publications and in other print, video and media forms, including, without limitation, Renewal magazine and school advertisements, brochures and websites. I, on behalf of myself and my child, (a) waive and release any and all rights of publicity or privacy, or other personal, proprietary or intellectual property rights, that I or my child may have in or to their image; (b) agree that neither I nor my child shall have any ownership rights in or to any photos or other images of my child, or in or to any media incorporating such photos or images; and (c) agree that the school may incorporate my child’s photos and images into any media without any compensation or notice to my child or me.

Parent /Guardian Signature

Date

PERMISSION TO WALK AND/OR BIKE TO/FROM SCHOOL I give permission for my child to walk and/or bike to and/or from school. In granting this permission, I acknowledge that supervision outside the school boundaries and outside of regularly-scheduled gate duty while on the school grounds will not be provided for my child. I acknowledge that walking and/or biking to and/or from school involves certain risks to my child and those he or she may come into contact with, including, without limitation, risks of accidents, falls, personal injury (including, without limitation, disability or death), kidnapping, and damage to property belonging to my child or others, and I knowingly agree to assume any and all such risks.

Parent /Guardian Signature

Date

Boulder Valley Waldorf School does not discriminate based on race, color, religion, national or ethnic origin, gender or sexual orientation in the administration of its educational policies, admissions policies, scholarship or loan programs, athletic or any school-administered programs.