



**LITTLE ADVENTURES CHILDREN'S CENTER  
AND THE CANYONS SUMMER CAMP PROGRAM  
REGISTRATION & LIABILITY RELEASE AGREEMENT  
Summer of 2009**

Please Print legibly and complete all spaces.

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Add'l Cell/Pager \_\_\_\_\_  
( ) ( ) ( )

Local Lodging \_\_\_\_\_ Local Phone \_\_\_\_\_

1. Emergency Contact Information:

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Additional Contact Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

2. The Canyons has my permission to release my Child(ren) to the following people:  
*(Include names of parents in this list if applicable, as well as other authorized people)*

Child's Name <i>Include last name if different.</i>	Birth Date Mo/Da/Yr	Gender M/F	Allergies/Medications/Special Needs <i>If there is no entry made below, we assume there are no allergies, medications or special needs of which we should be aware.</i>
1			
2			
3			
4			

3. Any other comments and/or instructions given to The Canyons Little Adventures Children's Center or Canyons summer camp programs for the care of my Children.

**RELEASE OF LIABILITY**  
*Parents Please Read Carefully*

I GIVE MY CONSENT FOR the minor child listed on this form to participate in "The Canyons Little Adventures Children's Center or Canyons Summer Camp programs (collectively the "Programs"). I agree to abide by any and all Rules and Policies of the Programs OUTLINED IN THIS AGREEMENT AND REGISTRATION FORM. **I further consent to allow SAID minor to be transported by bus or van between The Canyons and off site activities at the discretion of The Canyons' Staff.**

I understand and agree that, depending upon the age of my child, he/she may participate in such activities as jumping in an inflatable moonbounce, farm animal petting zoo, (possibly reptile show) slip and slide, swimming, and other activities associated with the Park City Fire Station, and Park City Nursery, and other outdoor play activities while enrolled in The Canyons Little Adventures Children's Center or, if older and engaged in the Summer Camps, water slides, roller skating, amusement park rides, miniature golf, laser tag, the Alpine Slide, Boondocks, Classic Skating and other play activities as scheduled. I understand and am aware that these activities involve numerous risks of injury and possibly death. I understand that said minor child might encounter obstacles and other hazards that are inherent in the above-mentioned activities, which may include but are not limited to: changing weather conditions, drowning, automobile accidents, negligence of others and other unknowns. I agree that the aforesaid risks and hazards involved cannot be eliminated even if said minor's participation is under the supervision of The Canyons Resort and its employees.

I HEREBY AGREE TO RELEASE FROM ANY AND ALL LEGAL LIABILITY AND AGREE NOT TO SUE OR MAKE A CLAIM AGAINST, AND TO INDEMNIFY AND HOLD HARMLESS ASC Utah, Inc. dba The Canyons, its parent, and all of their owners, officers, members, affiliated organizations, agents and employees (the "Released Parties") for any and all claims for damage, injuries, death to said minor child or any person or property caused by or resulting from said minor child's participation in the program activities while on or off premises, WHETHER SUCH DAMAGE, INJURY OR DEATH WAS CAUSED BY NEGLIGENCE OR FROM ANY OTHER CAUSE.

I represent that the Minor child is in good health and there are no special problems associated with his/her care. I authorize any RELEASED PARTY and/or their authorized personnel to call for medical care for the Minor child or to transport the Minor Child to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed. I agree that upon the Minor Child's transport to any such medical facility or hospital that the RELEASED PARTY shall not have any further responsibility for the Minor child. Further, **I agree to pay all costs** associated with such medical care and related transportation provided for the Minor child and shall **indemnify and hold harmless the RELEASED PARTY for any costs incurred therein, or any claims arising therefrom.**

I hereby grant exclusive permission to The Canyons and their agents, clients and assign to use my child/children's name and photograph for the purpose of publicity, public relations, editorial or other advertising purposes without restriction as to frequency or duration.

If I am signing this Liability Release on behalf of a minor (less than 18 years of age) (the "Child"): I represent that I am the parent and/or legal guardian of such child; I accept responsibility for all the Child's medical expenses incurred in connection with The Canyons Little Adventures Children's Center; I agree to indemnify the Released Parties for any and all claims whatsoever brought by the child; and I agree to indemnify the Released Parties for any and all claims

whatsoever brought by a third party arising in connection with the child.

I have carefully read and I understand this agreement and all of its terms. I understand that this is a RELEASE OF LIABILITY, which will legally PREVENT me, my children, or any other person from recovering in any lawsuit or in connection with any other legal claim for damages in the event of my Child's death or any injury to my Child. I nevertheless enter into this Agreement freely and voluntarily and agree that it is binding upon my Child, and our respective heirs, assigns, legal representatives and me.

## **Parent Registration Form Policies and Procedures**

### **I understand that,**

1) My child will be attending The Canyons Little Adventures Children's Center during the 2009 Summer Season.

Program options, hours, prices and meals **per day** are:

#### **6 Weeks-12 year olds**

Full- Day Childcare	8:30 am - 4:30 pm	Includes activities, 2 snacks, lunch	\$65.00
Half- Day Childcare	8:30 a.m. - 12:30 p.m.	Includes activities, a snack and lunch	\$40.00
	12:30 a.m. - 4:30 p.m.	Includes activities, a snack (no lunch)	\$40.00

\*\*\* Field Trips and swimming fees are not included in the above prices. Activity fee for the day will be based on the day attending and the field trip scheduled for that day. \*\*\*

2) I give authorization for The Canyons to run my credit card, which was left at time of reservation. I agree to pay the above fees and any other fees I acquire including any no shows, days missed due to illness, or late pickup fees. I understand my card will be run on daily or weekly basis. If staying at The Grand Summit or Sundial Lodge I understand I am liable for charges I acquire for child care services and fees.

3) Cancellations made within 48 hours of the reservation(s) start will incur a fee equivalent to 50% of the total cost of the first day's reservation(s). For no call-no shows and cancellations occurring after the reservation(s) start time(s), the cancellation fee is 100% of the total cost of the first day's reservation(s). Weather and snow conditions are not viable reasons for cancellation. Cancellations with a caregiver will not be considered official. Cancellations need to be made with office management.

4) My child will be picked up by the end of the session he or she is enrolled in. If I cannot pick up my child myself, only individuals that I have specified on the registration form will be allowed to remove my child from the center. I understand that if I designate a different person to pick him or her up than was originally identified on the enrollment form I will notify the center, and the person will need to have proper ID and password.

5) For the safety of my child I agree to sign in and out upon arrival and departure, respectively, with a full signature.

6) My child's immunizations are current and will be kept up to date.

7) I will keep the Center informed of any new immunizations that my child has received.

8) I will immediately notify the Day Care Director if my child contacts an infectious disease.

9) My child will have a health check each day as required by law. In the event that my child becomes ill, he or she will be excluded from childcare. If my child becomes ill during the course of the day, I will be contacted and will remove him or her from the Center.

**No refunds will be given.**

10) Childcare professionals are required by law to report suspected child abuse.

11) The Center's licensing agency shall have the authority to interview clients, including children or staff, and to inspect an audit on client children, or any staff member, and for the examination of all records relating to the operation of the facility.

12) I expect to be treated with respect, and in return, I will treat all staff with respect.

13) I will keep the Center informed of any changes in my family status such as a new phone number, address, or circumstances that may affect my child's behavior.

14) I will complete all forms as required for enrollment.

15) I understand that my child's age or DOB may be verified with other licensed agencies.

16) I give permission for my child to take on-property field trips/ walks, and to participate in the sport of swimming under the supervision of a teacher and assistants on Canyons Resort Property. Field trips may include, but are not limited to: riding of the gondola, swimming, outdoor play, children's playgrounds and walks. Such field trips will not extend beyond Canyons Resort area without prior consent.

17) I give permission for my child (6years-12years) to take on-and-off property field trips and walks under the supervision of a teacher and assistants of The Canyons Resort. Field trips may include, but are not limited to: gondola rides, hiking, swimming and the usage of other companies property and their facilities. I give permission for my child to be transported by The Canyons' shuttle bus or van by the hotel staff or teachers. I understand that if my child needs a booster or car seat that I am obligated to provide that for my child's safety.

18) I will pick up my child promptly at 12:30 pm if he/she is enrolled in the am half day program, or 4:30 pm if he/she is enrolled in the full day or pm half day program. Further, I understand that I will be charged a late fee of \$1.00 for the first five minutes and \$1.00 for each remaining minute past pick up times.

19) I understand that this agreement and release of liability shall apply to each visit to The Canyons Little Adventures Children's Center during the 2009 summer season.

20) I understand that I can inspect and drop in the facility at any time.

21) I understand that if my child is a disruption to the program he/she may be prohibited from returning to the Center.

22) I understand that the Center has chosen not to administer over the counter or daily medication. I understand that the Center staff is not trained to administer an epi-pen shot. If your child has a condition requiring an epi-pen shot, please notify Center staff of signs and symptoms to watch for and they will call 911 if they observe those signs and symptoms.

I HAVE READ AND AGREE TO ALL THE ABOVE POLICIES AS OUTLINED IN THIS REGISTRATION FORM AND RELEASE OF LIABILITY. I UNDERSTAND THAT FAILURE TO FOLLOW ANY CHILDCARE CENTER OR STATE OF UTAH POLICIES OR CAUSE DISRUPTION TO THE PROGRAMS, MAY LEAD TO DENIAL OF CHILD'S PARTICIPATION IN THE PROGRAM. I VERIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I HAVE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE SAID MINOR AND MYSELF, AND I AGREE TO BE BOUND BY ITS TERMS.

**I understand and agree to the above policies/ procedures and activities:**

**Signature of Parent/  
Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

