

## PARTICIPANT AGREEMENTS

for \_\_\_\_\_  
(child's name)

### Medical Consent Agreement:

As the parent and/or legal guardian of \_\_\_\_\_ (hereafter referred to as "my child"). I understand that all full-time staff members at **SUNRISE CHILD CARE** are trained to treat my child with First Aid and/or CPR as needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event of a medical emergency, when parents cannot be reached or in life threatening situations, I authorize **SUNRISE CHILD CARE** staff to obtain emergency medical care (i.e. physician, dentist, paramedic or other authorized emergency medical agents) and to obtain and provide emergency transportation. I understand **SUNRISE CHILD CARE** does not cover any medical or medically related expenses and that my insurance, if applicable, or I will be responsible for such emergency medical treatment. A copy of this for will be kept with the First Aid kit and taken on all field trips.

Parent or Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

### Activity and Transportation Consent Agreement:

I consent to my child's participation in **SUNRISE CHILD CARE** sponsored activities, including swimming, field trips, and transportation in a **SUNRISE CHILD CARE** operated vehicle to those activities.

Parent of Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

### Consent to Photograph:

I hereby grant permission to photograph/videotape my child/ward while participating in **SUNRISE CHILD CARE** activities for the purpose of class displays and photographs to be sent home with parents/guardians.

Parent or Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

### Liability Waiver:

In consideration of **SUNRISE CHILD CARE** accepting my child's participation, I hereby for myself, my child, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I or my child might have against **SUNRISE CHILD CARE** and its representatives' successors and assigns for any and all injuries suffered by my child at any activity sponsored by these groups. In addition, I understand that I will take full responsibility of making myself familiar with activity calendars made available by **SUNRISE CHILD CARE** and by doing so fully consent to the participation of my child. I also agree to take full responsibility to notify the program coordinators, in advance, if I choose not to allow my child to participate, in order that alternate arrangements can be made.

Parent or Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_