



## **Assumption of Risk, Waiver of Claims, Release and Indemnity**

*A printed copy of this form that has been signed is necessary for a child's participation in Kew Kids Forest School.*

Organization Name: Kew Kids Forest School or Kew Kids Daycare

**Name:** \_\_\_\_\_

(Name of Child and Both Parents/Guardian)

In consideration of my child's enrollment application acceptance and permission granted to participate in any way in the Kew Kids Forest School, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

### **1. Express Voluntary Assumption of Risk**

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation in the said Forest School program. I acknowledge that my child may be:

- a. Taking supervised walking field trips/hikes throughout the Forest Park and nearby playgrounds
- b. Using tools including but not limited to kid-friendly size shovels, rakes, hoes, trowels, pails and watering cans
- c. Finding, lifting, carrying, lugging, positioning, and creating with the natural materials found within the environment with potential exposure to insect stings, animal waste, poisonous plants or allergenic pollens
- d. Learning to tie knots and use ropes to access inclines, swing from branches, create slack lines, ladders, and zip lines
- e. Puddle jumping dipping for aquatic creatures
- f. Using logs as den building materials, climbing apparatus and balancing beams
- g. Observing fire building, tending, and cooking over an open fire

It is my understanding that these activities may be taken without further consent from me.

### **2. Photo Consent**

Kew Kids Forest School may wish to take photographs or videos of my child while participating in the program and outdoor nature sessions for the purpose of documenting the events and activities in educational and promotional materials.

#### **PLEASE CHECK ONE OF THE FOLLOWING BOXES BELOW:**

\_\_\_\_ Yes, I give permission for photos and videos of my child to be used in educational and promotional materials. Your child's name (first or last name) will NEVER be associated with the images included in any of these materials.

\_\_\_\_ No, I do not give permission for photos and videos of my child to be used in educational and promotional materials.

### **3. Permission to Receive First Aid**

I understand that participation in activities can expose myself and my child to risk and possible injuries. I understand that there is a qualified First Aid attendant on site and hereby consent to

receive medical treatment, including transportation to a doctor or hospital, which may be deemed advisable in the event of injury, accident and/or illness during this activity.

**4. Administration of Medication**

I understand that Kew Kids Forest School staff will not administer medication other than over-the-counter ointments, lotions and creams, spray, including products and topically applied insect repellent. If medication is necessary, a parent/guardian or relative within the third degree of consanguinity of the parents or stepparents of the child may administer the medication during program hours. I understand that the dose and time of medication administration must be documented.

**5. Appropriate Clothing**

I understand that it is my responsibility to ensure that my child is dressed appropriately for each activity and acknowledge that I have been briefed on the recommended attire.

**6. Inclement and Dangerous Weather**

Due to the location and nature of our outdoor learning sessions, the weather has the potential to impact children's safety. I recognize that Kew Kids Forest School reserves the right to cancel/implement alternative activities in the event of inclement and undesirable weather or other unforeseen circumstances.

**7. Notification of Animals**

I have been advised that we keep cats, rabbit, quails and fish on school grounds.

**8. Illness**

I understand that my child needs to be kept home for any of the following symptoms: fever (100.4 or greater), diarrhea, vomiting, conjunctivitis (pink eye) or discharge from eyes, severe coughing, skin rash of unknown diagnosis, difficult or rapid breathing, or nits on hair from head lice or symptoms from any communicable disease as advised by a pediatrician. If a symptom of above illness manifests while your child is in the program, you will be contacted immediately and the child will be cared for away from other children while waiting to be picked up.

**9. Late Pickup Fee**

I understand I or my designee will pick up my child at the daily scheduled pickup time. I will be charged \$1.00/minute each minute after the scheduled pickup time.

**10. Release of liability**

I, for myself, my child and on behalf of my heirs, executors, administrators, successors, assigns, personal representatives and next of kin hereby release, waiver, indemnify, and hold forever harmless Kew Kids Forest School, its officers, elected and appointed officials, agents and/or all of its employees, members, servants, contractors and all other associations, sanctioning bodies and sponsoring companies, other children, advertisers, and, if applicable, owners and lessors of premises used to conduct the program (RELEASEES), successors and assigns, of and from all claims, demands, losses, damages, costs, expenses, actions and causes of action, whether as in law or equity, arising out of or related to any INJURY, DISABILITY, DEATH, LOSS OR DAMAGE, to myself, my child or loss or damage to person or property however caused, arising or to arise by reason of my child's participation in Kew Kids Forest School program, to the fullest extent of the law, whether as spectator, child, or otherwise; whether prior to, during or subsequent to his/her participation in Kew Kids Forest School program notwithstanding that the same may have been contribute to or occasioned by the negligence of the aforesaid. I further hereby undertake to hold and save harmless, and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my child's participation in the said Kew Kids Forest School program.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I warrant that my child is physically fit to participate in the Kew Kids Forest School program. I hereby understand that my child's permission to participate in the Kew Kids Forest School program may be revoked if he/she does not follow the code of conduct, instructions, and regulations set forth by the organizers and educators of Kew Kids Forest School to the point that the behavior is

deemed to be unsafe or unmanageable with regards to themselves or others. No refunds will be granted for voluntary absences or expulsion.

**Both parents and/or all guardians must sign:**

Name of Parent 1/Guardian: (please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent 2/Guardian: (please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Sunscreen/Bug Repellent Permission Form

**Name:** \_\_\_\_\_

(Name of Child)

I understand that I will apply sunscreen to my child prior to arrival at Kew Kids Forest School.

I give Kew Kids Forest School staff permission to apply to my child

\_\_\_\_\_  
(Name of sunscreen/insect repellent)

All sunscreen UVA and UVB plus a SPF of 15 or higher and insect repellent containing DEET will be provided by the parent/guardian in the original container, with a valid expiration date, where applicable, labeled clearly with the child's name, and given directly to the child's teacher. Insect repellent or combination repellent and sunscreen will be applied one time per day in the morning based on guidelines from the American Academy of Pediatrics. Sunscreen without insect repellent will be applied before going outside in both the morning and afternoon.

Initial below:

Please apply sunscreen to the following areas of my child's body:

\_\_\_\_\_ Face and Neck

\_\_\_\_\_ Exposed Shoulders/Back/Chest

\_\_\_\_\_ Arms

\_\_\_\_\_ Legs

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I am not aware of any allergies my child has to the sunscreen and insect repellent I have provided

Special Instructions:

Name of Parent/Guardian: (please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

We understand that sunscreen alone is not enough to protect children from the sun and skin cancer.



## Authorized Pickup Form

**Name:** \_\_\_\_\_

(Name of Child)

The following individuals are 16 years old or older and are allowed to pick up my child from Kew Kids Forest School. Please include Parents/Guardians. Those authorized to pick up your child will be asked for photo ID for verification.

Note: There is a fee for any late pickup at \$1 per minute past the designated pickup time.

NAME	RELATIONSHIP	PHONE NUMBERS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that no one else will be allowed to pick up my child unless I notify Kew Kids Forest School in advance and in writing. This person will also be asked for his or her photo ID for verification.

Name of Parent/Guardian: (please print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Sleeping and Napping Arrangement

Sleeping and napping arrangements must be made in writing between the parent and the childcare provider. The provider shall maintain this completed agreement on file in the childcare facility. This arrangement is required by New York State Child Day Care Regulations [Family Day Care 417.7(l) and 417.8(a)(1), and Group Family Day Care 416.7(l) and 416.8(a)(1)]

I, \_\_\_\_\_, understand that my child,  
(Parent Name)

\_\_\_\_\_, may be or  
(Child Name)

will be napping on a cot in the living room or dining room of the childcare home or resting on a tarp outdoors. My napping child will have competent supervision at all times through direct supervision by a caregiver who is in the same space and has direct visual contact with him/her.

If my child is an infant, I also understand that my child will be placed on his/her back to sleep.

Signature of Parent/Guardian: \_\_\_\_\_

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

Childcare Provider Signature: \_\_\_\_\_

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