



Time In	Sign	____ / ____ /09
Time Out	Sign	

Kids Crew

Release of Liability Statement

This Statement must be read and signed by a parent or guardian of each participant in all Kids Crew Activities prior to the commencement of any activities.

I hereby give permission for my child(ren)

_____	_____
(Name)	(Age)
_____	_____
(Name)	(Age)
_____	_____
(Name)	(Age)
_____	_____
(Name)	(Age)

to participate in all the Kids Crew activities as presented by Hammock Beach Resort. I understand that some of the events and activities that make up the Kids Crew program require some level of physical activity and I attest that my child(ren) is in good health and able to safely participate in all the Kids Crew activities. I hereby forever waive any and all rights for claims I may have against [Hammock Beach Resort](#), the Kids Crew and all of their officers, directors, subsidiaries, agents and employees of the aforementioned companies for any and all injuries, losses, claims, damages, demands, liabilities, actions or causes of action sustained by my child(ren) as a result of his/her participation in the Kids Crew Program. I also consent and authorize the use and reproductions of my child(ren)'s name and photograph(s), photographic images, video or audio recordings made for any and all purposes associated with the Kids Crew Program.

Staff members of the Kids Crew are not allowed to administer any medications. Some activities include lunch or dinner: it is your responsibility to accurately describe on this form any allergies your child(ren) has.

Can your child swim? []Yes []No If yes – How well? []Beginner []Intermediate []Advanced

I HEREBY VERIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THE ABOVE DOCUMENT AND ACKNOWLEDGE SAME BY MY SIGNATURE HERETO:

_____	_____
(Signature of Parent or Guardian)	(Date)

_____	_____
(Printed Name – First, M.I., Last Name)	(Relationship to participant)

_____	_____
(Telephone Number)	(Cell Phone Number)

Medical Conditions:	Persons (other than shown above)
_____	Authorized to Pick up Child
_____	_____
_____	_____

Known Allergies:
