



NOC Kids Party Childcare Waiver Form

Nations of Coaches (NOC) strives to provide the best childcare experience for your children. We require that the parent(s) read and sign this document and return prior to their children attending childcare. Your signature will indicate that you understand and agree to the terms of the waiver.

Parent/Guardian Last Name: _____

Parent/Guardian First Name(s): _____

Your Emergency Phone Numbers (Today): _____

Child's Name	Age (6 -11)	Comments (allergies, special need, etc.)
1. _____		
2. _____		
3. _____		
4. _____		

Please initial spaces below:

_____ I/we agree that my child will be under the immediate supervision of the childcare team. I/we will remain ultimately responsible for my child's behavior and conduct at all times. I/we agree that my child will conduct him or herself in a responsible manner and will follow the instructions of the leaders. I/we will remain onsite while the kids' activities are being conducted and will promptly pick up my child at the end of the luncheon.

_____ I/we acknowledge and agree that, in consideration for my child's participation in the childcare event, I hereby release, discharge, indemnify, and hold harmless Nations of Coaches, NABC, and Sheraton Atlanta, and its affiliates, officers, employees, agents, and staff from all liability, claims or causes of action of any kind, known or unknown for any personal injury, death, medical expense, property damage or any other loss sustained by me or my child, arising out of or resulting from my child's participation in the event or any activities thereof. I/we voluntarily and knowingly assume the risk of any such injury or loss arising out of or resulting from my child's participation in the childcare or any activities thereof.

_____ I/we acknowledge and agree the Nations of Coaches childcare does not provide any medical insurance coverage for my child, and that any medical expenses incurred on my child's behalf will be the sole responsibility of my medical insurance carrier or me.

_____ In the event that I cannot be reached, I authorize Nations of Coaches and the childcare team/staff to request emergency medical treatment for my child from any physician, EMT, or other medical provider as may be deemed necessary.

Parent Signature

Date