



MINOR HOLD HARMLESS
Doorway To LEARNING Enrichment Center, Inc. & Egg Scramble HOLD
HARMLESS/RELEASE FORM IN FULL



I, the undersigned, am the parent/guardian of _____
and do, hereby, give my permission for any Doorway To LEARNING Staff Member to administer first aid to my child/ward in the case of sudden injury or illness. I also give permission for emergency medical services to be called if deemed necessary by the Doorway To LEARNING Staff. I further understand that I am required to remain on designated "race" premises at all times during which my child/ward is in the care of the child care services staff. Should a medical emergency occur a Staff Member would notify me immediately. I am aware that, although there will be adult supervision, there is a risk of injury to my child/ward and I do, hereby, release Doorway To LEARNING Childcare and Egg Scramble organizers and its agents and employees from all claims, demands, injuries, damages or actions whatsoever arising out of or in concern with my child's/ward's use of the childcare facilities and services.

It is understood and agreed, that this is a full and final release of all claims of every nature and kind whatsoever and given in consideration of the services and/or facilities of Doorway To LEARNING and Egg Scramble and its agents and employees.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

REGISTRATION INFORMATION

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Person(s) Authorized to Pick Up Child(ren):

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child(ren) will ONLY be released to person(s) listed on authorized pick up list and who have the parent/guardian authorized password. Child(ren) WILL NOT be released if EITHER one of these requirements is not met. **Passwords are single time use only and can not be repeated.**

Password

Parent/Guardian Signature