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| Child's Name: |
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| Child's Group: |
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| Friday, April 19th | Saturday, April 20th |
| Please provide initials | |
| Drop off: | Drop off: |
| Pick up: | Pick up: |



I. General Registration Information

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|---|----------------------|------------------------|--------|
| Child's First Name: | DOB: | Age: | Group: |
| Attending Fri, 4/19: | Attending Sat. 4/20: | Shirt Category & Size: | |
| 1 st Emergency Contact: Phone: Relation: | | | |
| 2 nd Emergency Contact: Phone: Relation: | | | |
| What are your child's dietary restrictions? | | | |

II. Child Pickup and Release Information

In addition to the parents and guardians named in Section I, I authorize the Washington University and event staff to allow the following people to pick up my child:

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|---------------|-----------------|
| Name: | Home Phone: |
| Relationship: | Cellular Phone: |

III. Emergency Contact and Health Information

Does your child have specific health concerns of which we need to be aware? **Yes / No (Circle)**

If yes, specify: _____

IV. Release & Authorization

I understand the Bear Club activities are not without some inherent risk of injury. With full knowledge of the dangers, hazards and risks of the Bear Club activities, and in consideration of my child being permitted to participate in them, on behalf of myself, my child, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my child's participation in the Bear Club activities and, in advance, release, waive, forever discharge, and covenant not to sue the University, its governing board, officers, agents, employees, students, and volunteers (collectively, the "Releasees") from and against any and all liability for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I or my child may have or that may hereafter accrue to me or my child, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by my child or by any property belonging to my child, whether caused by the negligence or carelessness of the Releasees with regard to the Bear Club activities. This waiver does not pertain to incidents involving gross negligence or willful misconduct by the University and/or its agents. It is my express intent that this Release shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me, my child or my family arising out of my child's participation in the Bear Club activities.

I authorize Washington University and its licensed childcare staff to make decisions and provide consent for my child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by my child. I agree to pay for any and all costs incurred to transport or treat my child, either through insurance or privately, and I agree to indemnify and hold harmless Releasees for any costs incurred to transport or treat my child, even if a Releasee has signed documentation promising to pay for the treatment.

I give permission for my child to view *The Incredibles*, a PG-rated movie. Initial here _____

Please be advised that photographs will be taken at the event for use on the WUSTL website, WUSTL marketing materials, and other university publications. By your child/ren entering Bear Club, you consent to the university photographing and using your child/ren's image and likeness. **Washington University is not responsible for any lost or damaged items brought into the Bear Club.**

I understand that by signing below, I am giving up legal rights.

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|----------------------------------|-------------|
| Parent/Guardian Signature | Date |
| Parent/Guardian Signature | Date |