



The Ozone

Friday Night Fun – Parental Agreement

Please initial beside each statement below stating your agreement with each policy and provide your signature at the bottom.

_____ I agree that The Ozone will notify me whenever my child becomes ill. I also agree that I will arrange to have my child picked up as soon as possible if so requested by The Ozone.

_____ I authorize The Ozone to obtain immediate medical care if any emergency occurs when the custodial parent/guardian cannot be located immediately.**

_____ I agree to notify The Ozone within 24 hours or one business day if my child or anyone in his/her immediate household is diagnosed with any reportable communicable disease. I also agree to notify The Ozone if my child is absent from school and will not be picked up for the After School Care program.

_____ I understand that accidents may occur both from my child's participation in activities and from transportation to and from the programs. I agree to assume these risks. By signing below, I release The Ozone, its employees, volunteers, independent contractors, directors, and agents from all liability based on any damage, loss, or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

_____ I agree/ disagree (please circle one) to allow my child to be photographed while at The Ozone and the picture to be used in Marketing materials or newspaper articles.

** If there is any objection to seeking emergency medical care, a statement should be obtained from the custodial parent/guardian that states the objection and the reason for this objection.

If there are any questions, please contact The Ozone at (804)798-7474.

Custodial Parent/Guardian signature

Child's Name

Date