



**Liability Waiver Form**  
**for Daily Usage**

As the parent or legal guardian for the child(ren) named below, I understand that I am responsible for providing supervision of this child(ren) while he/she is present at the Children’s Center at Scandinavia House and so take responsibility for any risk of injury associated with participation in the children’s activities at the center. Furthermore I agree to waive any and all claims of liability, and hold harmless The American-Scandinavian Foundation, its officers, directors, agents, and employees / in the event that an injury may occur to this child(ren), while at Scandinavia House.

In addition, in the event of an accident or injury when parent or legal guardian is not available, I give permission to The American-Scandinavian Foundation to procure emergency medical attention.

Name of child participating: \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian signature \_\_\_\_\_

Please print full name clearly \_\_\_\_\_ Date \_\_\_\_\_

**Parent contact information:**

Daytime telephone or cell phone: \_\_\_\_\_

Email: \_\_\_\_\_  
Please print clearly

***Children will not be allowed to play unless a waiver is signed.***