

## **LIABILITY WAIVER FORM FOR ASF MEMBERS—**

I understand that I am responsible for providing supervision of my 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 my child(ren), while at Scandinavia House.

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

### **PARTICIPATING CHILD**

NAME:	DOB:
NAME:	DOB:
NAME:	DOB:

PARENT SIGNATURE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF CARETAKER \_\_\_\_\_

### **PARENT CONTACT INFORMATION**

DAYTIME PHONE OR CELLPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please return this form to the Front Desk at Scandinavia House so your membership cards can be stamped. Children will not be allowed to play unless a waiver is signed.