



WA Kid's Club Welcomes

2010 SIOR SPRING WOLRD CONFERENCE

SIOR Kid's Night Out

Thursday, April 22, 2010, 5:00pm-8:00pm

Please complete the registration form to be enrolled in SIOR Kid's Night Out at WA Kid's Club

Please note; if you would like to utilize the services of WA Kid's Club from 8pm-10pm, there will be an additional \$30 fee per child.

All children must be between the ages of 5-12

Name of Parent/Guardian-
Date Requested- Thursday, April 22, 2010
Date Reservation Made-
Name of Child(ren)-
Ages & Birthdays of Children-
Event (Day Escape/After Dark)- SIOR Kid's Night Out (Astoria After Dark--Dinner Included)
Approximate Time in WA Kids-
Contact Number-
Quoted Price- \$75 per child (an additional \$30 if staying after 8pm-10pm)
Will your child(ren) remain with WA Kids Club after 8pm-
Allergies (including food allergies)-

WA Kid's Club requires a 24hr cancellation; In the event notice is not given within 24hr period you will incur a \$25 cancellation fee

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY

1. I hereby consent to My Child/Children /Children participating in the Program.
2. I expressly assume all risk associated with My Child/Children participating in W=A Kids the Program, including without limitation, participating in water sports, arts & crafts, video games, and other risks associated with playing and eating in a child camp environment. I acknowledge that participation in the in the Program may, at times, be hazardous.
3. In consideration of receiving permission to have My Child/Children take part in the Program, I agree, on behalf of myself and My Child/Children, to release, discharge, hold harmless and indemnify Society of Industrial and Office Realtors, officers, agents, directors and employees; Hilton Hotels Corporation, the owner of this resort, and their respective subsidiaries and affiliates, agents, officers, directors, owners, contractors and employees (collectively, the "Released Parties") from and against any and all claims, demands or liabilities that I or My Child/Children might make, assert or allege arising from or related to personal or physical injury to My Child/Children, including death, property damage or any loss sustained in connection with the Program. I also agree to indemnify and hold harmless the Released Parties for any claim brought by a third party related thereto.
4. I represent and warrant that I am the parent and/or legal guardian of My Child/Children. I accept responsibility for all My Child/Children's medical expenses incurred in connection with the program.
5. I represent that My Child/Children is in good health, sufficient to participate in all activities associated with the Program, that there are no special needs associated with the care of My Child/Children except those noted above, and that all special instructions regarding My Child/Children have been included herein.
6. I hereby authorize W=A Kids staff to apply any sunscreen protection provided by me to My Child/Children.
7. I irrevocably grant permission to use and own the copyright to any photograph, videotape, or other likeness of My Child/Children taken while participating in the Program. Such material, including publishing My Child/Children's name, may be used in any medium for any purpose whatsoever.
8. I hereby acknowledge that My Child/Children is between the ages of five and twelve years old. I understand and agree that if My Child/Children is younger or older than this, then it is my responsibility to pick up My Child/Children.
9. I hereby acknowledge that My Child/Children is fully "potty trained" and can independently use the restroom by himself or herself. I understand that if a W=A Kids Coordinator becomes aware of that My Child/Children is not able to use the restroom independently, then it is my responsibility to pick up My Child/Children.
10. **AUTHORIZATION FOR MEDICAL TREATMENT:** If, in the sole and absolute discretion of a medical physician or emergency medical personnel, it becomes necessary to administer medical treatment to the child listed above, including, but not limited to, any/all first aid, medical diagnostics, procedures, surgery, medications, anesthesia, or any/all other medical services under circumstances where the Parent/Guardian listed above cannot be reached, or, where in the sole discretion of the medical physician or emergency medical personnel, any delay in securing said Parent/Guardian's consent could jeopardize the health, safety, or welfare of My Child/Children, I HEREBY AUTHORIZE AND CONSENT TO ANY/ALL MEDICAL TREATMENT/SERVICES BEING PERFORMED ON MY CHILD/CHILDREN AS DEEMED NECESSARY IN THE SOLE AND ABSOLUTE DISCRETION OF A MEDICAL PHYSICIAN OR EMERGENCY PERSONNEL. I hereby assumes responsibility for any/all resulting charges. I also agree that basic first aid may be administered by W=A Kids personnel without contacting me.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE FORM.

W=A Kids will charge a **\$2.00 per minute late fee**, which will be added to your overall bill if any children are not picked up at the scheduled closing time of any W=A Kids Session.

? PLEASE READ AND CHECK THAT YOU UNDERSTAND THE LATE FEE CHARGE:

Parent/Guardian Signature: _____ Date: _____