

Brigade Babysitting Night

Need a night to shop for Christmas gifts? Or maybe just a night out for dinner or a holiday party? Bring your child/children to the Brigade for a night full of holiday cheer and various fun activities! This event is a fundraiser to benefit the Brigade International Trip to the United Kingdom in July 2016.



Who: Children Kindergarten through 5th grade

When: Friday, December 11th from 6-9pm

Where: The Boys' and Girls' Brigade located at
109 W Columbian Ave, Neenah

Cost: \$10 per child

Donations to the Brigade International Trip Fund are greatly accepted.

Brigade Babysitting Night: Please send this form to The Boys' and Girls' Brigade 109 W Columbian Ave, c/o Brigade Babysitting Night by December 7th. Otherwise please bring this form with you on December 11th. The cost is \$10, please make checks payable to Boys' and Girls' Brigade.

Youth's Full Name: _____ DOB: __/__/__ Sex: M F

Age: _____ Grade: _____ School: _____

Parent's Names: _____

Home Phone: _____

Emergency Cell Phone: _____

Home Address: _____ City: _____

Does your child have any allergies or medical conditions that we should know about?

WAIVER OF LIABILITY: RELEASE OF CLAIMS, INDEMNITY AGREEMENT AND COVENANT NOT TO SUE
I acknowledge and agree that the use of and participation in Brigade Babysitting Night program, has inherent risks of injury and loss, and I expressly and voluntarily assume those risks which my child (or child in my care) may sustain as a result of participating in any activities connected with or associated with such a program. I have full knowledge of the nature and extent of all risks associated with sports activities, including but not limited to: All manner or injury resulting from other persons, or activities. I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the facility or participation in the various activities offered and that the above list in no way limits the extent or reach of this release and covenant not to sue. I hereby certify that my child (or child in my care) is in good health and has no physical limitations which would preclude safe participation in the Brigade Babysitting Night program.

I understand that the terms of this agreement are legally binding and that it may not be modified orally. I certify that I am signing this agreement as the parent or authorized adult of the participant and that it is binding upon me, my successors, heirs, representatives, assigns, and executors. I understand that by signing this agreement, I give my right to bring a court action to recover compensation or obtain any other remedy for any injury, damage to property, or death of my child (or child in my care) however caused, arising out of their participation in any activities that take place during any Brigade Babysitting Night program, now or at any time in the future. I hereby certify that I have read, understand, and agree to the contents of this agreement and sign the same voluntarily and of my own free will.

Date: _____ Participant's Name: _____

Parent or Authorized Adult Signature is required:

_____ Please print name: _____

(Must be 18 years of age or older to sign.)