



Prince & Princess CLUB

KIDS CLUB REGISTRATION FORM

CHILD(REN) INFORMATION

CHILD'S NAME	AGE	BIRTHDATE (dd/mm/yy)	ALLERGIES/DIETARY RESTRICTIONS	ADDITIONAL RESTRICTIONS OR COMMENTS

PARENT/GUARDIAN INFORMATION

PARENT(S)/GUARDIAN(S) NAME: _____
 PREFERRED PHONE NUMBER: _____ SECONDARY PHONE NUMBER: _____
 EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency please contact:

NAME: _____
 RELATIONSHIP TO CHILD: _____
 CONTACT NUMBER: _____
 EMAIL ADDRESS: _____
 PEDIATRICIAN NAME: _____
 PEDIATRICIAN NUMBER: _____

DROP-OFF & PICK-UP RELEASE

The following people have permission to pick-up and drop-off my child(ren) at Kids Camp.

NAME: _____
 RELATIONSHIP TO CHILD: _____
 NAME: _____
 RELATIONSHIP TO CHILD: _____

ACKNOWLEDGMENT & SIGNATURE

I HAVE SIGNED A RELEASE OF LIABILITY AND WAIVER OF RIGHTS PROVIDED ON THE OTHER SIDE OF THIS FORM AND I AM AWARE THAT IT IS MY RESPONSIBILITY TO CHANGE AND/OR UPDATE THIS FORM AS NECESSARY.

No shows or cancellations within 4 hours of the session time will be charged \$25 per child, per session.

Signature of Parent/Guardian

Date



Prince & Princess CLUB

RELEASE OF LIABILITY AND WAIVER OF RIGHTS

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL SIGNIFICANCE.

1. I hereby represent that I am the parent and/or legal guardian of _____ (my "Child"). My Child is _____ years old. I expressly assume all risks associated with my Child's participation in Prince & Princess Club (the "Program") offered by Hamilton Princess & Beach Club, A Fairmont Managed Hotel (the "Hotel"). My Child may participate in any and all activities at the Hotel or at an off-site location (e.g. water activities, outdoor activities, arts and crafts, exercise, playing and eating, etc.) that may be made available to him/her, without limitation, unless specified on the Childcare Registration Form. I acknowledge that the risks associated with my Child's participation in the Program may, at times, be hazardous.
2. In consideration of receiving my permission to have my Child participate in the Program, I hereby for myself, my Child, my Child's other parent/parents/legal guardians and the insurers, next of kin and heirs of the foregoing, and for any person claiming through or under them (the "Releasers") release, waive, covenant not to sue and forever discharge the Hotel, its owners, its operator and Fairmont Hotels & Resorts (U.S.) Inc. and each of their affiliates, subsidiaries, officers, directors, employees, and agents ("Releasees") from any and all claims, actions, costs and damages that I and/or my Child might claim against as a result of any physical injury to my Child, including death, or property damage or any loss sustained in connection with the Program, without limitation. I also agree to indemnify and hold harmless the Releasees for any and all claims brought by any third party, which I and/or my Child may cause while my Child is participating in the Program. This waiver and release will be interpreted in accordance with the laws of the Province of Ontario.
3. Should my Child become ill or have an accident while participating in the Program, I hereby authorize the Hotel, its servants or employees on my behalf and on behalf of the Releasers to take those steps that the Hotel considers reasonable and necessary for the welfare of my Child including transporting my Child for treatment to the local emergency facility. I accept full responsibility for any and all medical and associated expenses (including, without limitation, transportation to and from any medical facility) that my Child incurs while participating in the Program.
4. Unless otherwise specified on the Childcare Registration Form, I represent to the Hotel, the following: (i) my Child is in good health and is able to participate in any and all activities offered by the Program, and (ii) my Child does not have any allergies or dietary restrictions that would limit his/her participation in the Program.
5. Should my Child disrupt the Program with any inappropriate or unusual behavior that the Hotel, in its sole discretion, considers to be disruptive, I acknowledge that I will be contacted and required to immediately pick-up my Child and to sign him/her out of the Program with no refund.
6. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates.
7. I understand that while the Hotel is taking reasonable precautions to protect guests from exposure to COVID-19, there remains risk of contracting the virus during participation in Activities as the Activities necessarily involve contact with other people and contact with surfaces other people have touched.
8. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities. For my safety and the safety of others, I agree to adhere to any and all rules or directions for the Activities provided to me by the Hotel, Accor, its employees, agents and affiliates.
9. If I or an immediate family member contract COVID-19, have symptoms associated with the virus or come in contact with an infected person, either before, during or after participation in Activities, I will immediately advise the Hotel and provide information as to all employees, staff, and members with whom I did, or may have, come into contact at the Hotel's facilities.
10. I authorize the Hotel to advise Hotel employees, staff, members or any third-person with whom I did or may have come into contact while at the Hotel facilities, that they were potentially exposed to COVID-19. I understand that Hotel will take all reasonable steps to keep my identity private, however, to protect the health and safety of others, it may be necessary for Hotel to disclose my identity and health status with respect to COVID-19 to those I came in contact with. I consent to such disclosure, including on behalf of any Minors, and agree such information would not be protected under state and/or federal privacy laws or regulations.

I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF MY CHILD, AND HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THE ABOVE RELEASE OF LIABILITY AND WAIVER OF RIGHTS. I ACKNOWLEDGE THAT I HAVE VOLUNTARILY SIGNED THIS DOCUMENT AND THAT MY SIGNING CONSTITUES A RELEASE OF VALUABLE RIGHTS.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date