



KidzJet Adventures – Waiver Form

Any child participating in a KidzJet Adventures summer program MUST have the following completed waiver on file before the first day of camp.

Child's Name _____

Child's DOB _____

Parent's Name _____

Parent's Contact # _____

Camp Dates _____

In the event I or my spouse cannot be reached, I grant permission for the following physician and dentist to treat my child:

Physician's Name _____

Physician's Phone _____

Dentist's Name _____

Dentist's Phone _____

Allergies/Medication/Surgeries _____

In the event of an emergency when I or my spouse cannot be reached, please contact:

Name _____

Phone _____

Name _____

Phone _____

We take photographs/movies on expedition and publish them online. Please check the box to OPT OUT

I hereby voluntarily release, hold harmless and agree to indemnify in full The KidzJet, its agents, officers, employees, successors and assigns from any and all liability, claims, demands, actions, or rights of action, which are related to or are in any way connected with my child's participation in KidzJet Summer Programs, including, but not limited to, any negligent act or omission of The KidzJet, its agents, officers or employees, successors and assigns, resulting in any and all injury to my child.

Parent/Guardian Signature _____

Date _____