

## CROSSFIT GRANDVIEW CHILDCARE MEDICAL WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

### CrossFit Grandview Childcare Policies and Procedures

- Please bring your child directly to the childcare room before starting your workout.
- Please do not drop off your child until 10 minutes before class starts.
- Please pick up your child no later than 10 minutes after class ends.
- Children are not allowed in the gym workout area before, after, or during class.
- Children will be released ONLY to the person who dropped them off unless another person has been designated by the parent or guardian.
- Please bring your child freshly diapered. Diapers will NOT be changed by the childcare staff. If your child does need his/her diaper changed, then the childcare staff will ask you to leave the class to change your child.
- For the wellbeing of the other children and staff, please refrain from bringing a sick child into the childcare area.
- Please label all your child's belongings with his/her name.
- The childcare room will provide age-appropriate toys. For safety and hygienic reasons, we ask that you refrain from bringing in your child's own personal toys.
- Disruptive or inappropriate behavior will not be tolerated. In these circumstances, parents will be notified immediately.
- If a child is inconsolable, parents will be notified and asked to return to the childcare room to assist the staff.
- If a child needs to use the bathroom, parents will be notified and asked to accompany the child to the bathroom and return the child to the childcare room before returning to class.
- Medications will not be administered by the childcare staff.
- No food or drink is allowed in the childcare room.

### CrossFit Grandview Childcare Waiver and Emergency Contact

I am the parent or legal guardian of all of the above named children (each individually a "Child") and I agree that I am voluntarily enrolling Child in childcare services (the "Services") at CrossFit Grandview (the "Gym") and I hereby agree to release, and hold harmless the Gym, and all of its respective members, employees, officers, directors, affiliates, parents, subsidiaries, related companies, heirs, successors, agents, contractors, assigns and other entities with which it is or may in the future become affiliated (singularly and collectively referred to as "Company"), from any and all claims, demands, suits, costs and charges, in connection with or arising out of the Services, including, but not limited to: bodily injury or death, and illness (including infection from known and unknown pathogens such as influenza and SARS-CoV2), except only for loss, harms or injury occasioned by gross negligence or intentional misconduct by Company.

I understand that Services are only provided while I am present in the building and I may not leave the Gym premises while my child is under the care and supervision of the Gym. I further understand and acknowledge that services being offered are not licensed by any state agency.

I understand that if my Child needs basic care (including, but not limited to diapering, toileting, feeding, and discipline) or becomes ill or inconsolable during the class session, I am responsible to leave class and attend to Child. I further understand and acknowledge that it is my responsibility, each and every time I use the Services, to inform the Gym staff of any allergies, health issues, or any other pertinent information about my Child and that if my Child is exhibiting signs of illness, including without limitation, fever, vomiting, rash or abnormal bowel movements, I may be refused access to the Services, and may be asked to remove my Child from the Gym premises immediately.

Initial here:

**I HAVE READ AND UNDERSTOOD THIS CHILDCARE WAIVER AND I VOLUNTARILY SIGN AND/OR ELECTRONICALLY ACKNOWLEDGE ALL OF THE TERMS AND CONDITIONS OF THIS CHILDCARE WAIVER.**

☐ I agree to these terms.

Please type in your child's name and age. \*

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Guardian's Name \*

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Guardian's Cell Phone Number \*

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Possible Alternative Pick-Up Designee (if none, please continue)

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Alternative Pick-Up Designee's Cell Phone Number

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Sign your name below:

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Please read the [Electronic Records and Signature Disclosure](#)  
☐ I agree to use electronic records and signatures