

**CARPENTER CENTER
WAIVER OF LIABILITY**

Every parent needs to sign a waiver for their child

In Consideration of participation in Gymnastics/Ninja Zone, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participation in the event, the conditions in which the event takes place, or the negligence of the "releases" named below. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue The Carpenter Center or Ninja Zone, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASEES herein), from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

Any and all Ninja skills will be conducted in a safe gym environment and will hold The Carpenter Center and Ninja Zone harmless of any injuries incurred in and outside gym areas.

I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature _____

Date _____

Camper Name: _____

Parent Name: _____

Camp group YMCA



210615 Hwy 71 • P.O. Box 65 • Gering, NE 69341 • Phone: 308-436-3777

Participant Waiver and Assumption of Risk Agreement (Minors)

Minor's first name (please print)	MI	Last name
Parent's first name (please print)	MI	Last name

Email address	Date of birth	Phone #
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Mailing address	City	State	Zip
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Emergency contact person	Phone #	Relationship
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I, the legal parent/guardian of _____, grant permission for his/her participation in the Shooting Activities at the Nebraska Game and Parks Commission's Shooting Sports Complex ("Education Center"), and approve of the use of firearms, live ammunition, and/or archery equipment while involved in the Shooting Activities at the Education Center. I understand that the Shooting Activities are potentially hazardous activities and certain risks are involved with this activity. These potential hazards include gun shot or archery wounds and can result in paralysis, loss of vision, limb, or life. I agree that participation in the Shooting Activities is entirely voluntary and agree I will not hold the Nebraska Game and Parks Commission liable for any damage to property or personal bodily injury or death to the participant, even if arising from the negligence of the Nebraska Game and Parks Commission, to the fullest extent permitted by law. Furthermore, I herewith agree to indemnify and hold forever harmless the State of Nebraska and the Game and Parks Commission, its officers, officials, agents and employees ("Released Parties") against loss from any claims, demands or actions that may hereafter, or at any time, be made or brought against the Released Parties on account of damages or bodily injury or death to the participant sustained in consequence of the aforesaid activity.

I UNDERSTAND THAT SAFETY PROCEDURES AND PRACTICE WILL BE STRICTLY ADHERED TO AND THAT OUR CHILD (WARD) MAY BE IMMEDIATELY EXPELLED WITHOUT RECOURSE FROM THE PROGRAM AS A RESULT OF HORSEPLAY, INATTENTIVENESS, INAPPROPRIATE CONDUCT, VIOLATION OF SAFETY RULES, OR FAILURE TO FOLLOW THE RANGE OFFICER'S DIRECTIONS.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I HAVE READ AND UNDERSTAND ALL RULES FOR THE SHOOTING RANGE, INCLUDING RULES FOR SPECIFIC RANGES (SMALL BORE, PELLET GUN, ARCHERY, SHOTGUN AND LONG RANGE/LARGE BORE). I UNDERSTAND THESE RULES ARE AVAILABLE UPON MY REQUEST AND ARE POSTED AT ALL RANGES.

X _____
Parent/Guardian Signature

Date



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School–Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**