

Education Program Aide Liability Waiver Form - Caregiver Agreement

On this day	of . 20	. with the intention	on of being legally bound, the
			fy and hold harmless and
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•		•	nts (in regards to providing an
aide for their child d	uring CuriOdyssey Edu	ıcation Program) for an	ny and all liability for personal
iniuries (includina de	eath), property loss or ϵ	damages resulting from	n the interaction of the aide
•		-	cation Program activities are
•			•
	dersigned agrees to ab	ide by all the rules and	regulations promulgated by
CuriOdyssey.			
Caregiver Name:			
Caregiver Name.			
Signature:			Date://
oignatare.			
	(and November and a state of
,, (caregiver name, the undersigned) will be providing			
	(aide's name	e) as a qualified aide fo	or my child.
The purpose of the	aide is:		
I understand and agree to the museum's policy that the aide is to:			
Provide the needed assistance to(child's name)			
Be with my child's Education Program class and the CuriOdyssey staff during the			
agreed-upon time.			
 Follow the Education Program policies and procedures regarding student safety and 			
child abuse prevention.			
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Lundaretand that the	o aido will not assumo	any roeponeibilities role	ated to:
I understand that the aide will not assume any responsibilities related to:			
Program delivery,			
 Supervision of other program participants besides my child, and/or 			
 Performing f 	irst aid or emergency s	ervices	
J	0 ,		
The aide will be atte	ending (circle one):		
The dide will be dite	riding (direct offe).		
The entire program	Down of t	ha program	Other (angeify heley)
The entire program		he program	Other (specify below)
	(specify	times/dates	
	helow)		

Education Program Aide Liability Waiver Form - Aide Agreement On this day of , 20 , with the intention of being legally bound, the undersigned hereby releases from liability and agrees to indemnify and hold harmless and defend CuriOdyssey and its employees, representatives and agents (in regards to providing an aide for their child during CuriOdyssey Education Program) for any and all liability for personal injuries (including death), property loss or damages resulting from the interaction of the aide with any other persons at the museum or on sites where the Education Program activities are conducted. The undersigned agrees to abide by all the rules and regulations promulgated by CuriOdyssey. Aide Name: Date: ____/___/ Signature: I, _____, (aide name, the undersigned) will serve as a qualified aide for (child's name). I understand and agree to the museum's policy that while serving as an aide, my role is to: • Provide the needed assistance to _____(child's name), • Be with my child's Education Program class and the CuriOdyssey staff during the agreed-upon time, and Follow the Education Program policies and procedures regarding student safety and child abuse prevention.

I understand that while serving as an aide I will not assume any responsibilities related to:

- Program delivery,
- Supervision of other program participants besides my child, and/or
- Performing first aid or emergency services

I agree to receive a 5-minute orientation upon my arrival for the CuriOdyssey program.