Education Program Aide Liability Waiver Form - Caregiver 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.

Caregiver Name: ________________________________________________________________

Signature: ___________________________________________________________ Date: ___/___/___

I, ________________________, (caregiver name, the undersigned) will be providing ________________________(aide’s name) as a qualified aide for 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.

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 first aid or emergency services

The aide will be attending (circle one):

The entire program  Part of the program  Other (specify below)
(specify times/dates below)
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Aide Name:   
Signature:  
Date: ____/____/____

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.

Education Program:
Received by CuriOdyssey, signed and dated:
Aide orientation performed, signed and dated: