

CHILDREN'S MUSEUM OF ACADIANA

Member Babysitter Application and Agreement

(Please Print)

DATE MEMBERSHIP BEGINS: _____ ENDS: _____

MEMBER NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

BABYSITTER'S NAME: _____

SUPERVISION OVER: (LIST EACH CHILD'S NAME AND AGE):

I realize that I, and not the CMA, am responsible for the supervision of my minor children while participating in any CMA events, and while using any of CMA's services, equipment, or facilities.

I am familiar with this babysitter's qualifications as a babysitter, and I represent to the CMA that she\he is fit to supervise my children and any child admitted to the CMA under his\her supervision while at the CMA, and I designate her\him as my children's supervisor in my absence.

Unless I notify the CMA in writing to the contrary, I understand and agree the CMA is entitled to assume that this babysitter will supervise my children in my absence when they use the CMA's equipment and facility.

With full knowledge of the risks involved in delegation of the supervision of my children to _____,

I release the Children's Museum of Acadiana and its insurers from any responsibility for damages, losses, or injuries my minor children may suffer due to the negligent supervision of my children by the above named individual while the children are participating in any program or using any equipment while in the facility of the CMA.

MEMBER SIGNATURE: _____ Date: _____

SITTER'S SIGNATURE: _____ Date: _____

APPROVED BY: _____ DATE: _____

EFFECTIVE: _____ DAY OF _____, THROUGH
_____ DAY OF _____, _____.

(NOTE: ATTACH TO WHITE MEMBERSHIP CARD IN MEMBERSHIP BOX AT THE FRONT DESK)