

## Westin Family Program – Child Check-in Form

Valid for ONE year from First Day date

Unit/Room # \_\_\_\_\_ Reservation Name \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ First Day in Westin Family: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Parents or Guardian while child is with Westin Family: \_\_\_\_\_

### PLEASE INITIAL EACH LINE AFTER READING EACH POLICY

- \_\_\_\_\_ I agree to all charges \$25 an hour, \$80 for half day (4 hours), \$120 for the whole day (8 hours), \$50 for night program.
- \_\_\_\_\_ I give my child permission to go sledding without a helmet and/or I agree to provide a helmet for my child \_\_\_\_\_.
- \_\_\_\_\_ I have read and agree to all policies and procedures in the Westin Family Handbook.
- \_\_\_\_\_ I give my child permission to enjoy occasional sweet treats at the Westin Family Kids Club such as hot chocolate or ice cream.
- \_\_\_\_\_ I give permission for my child to participate in outdoor activities, and walks within the vicinity of the Westin Riverfront Resort and Spa.
- \_\_\_\_\_ I agree to have my child's picture taken for Westin Family programming and advertisement.
- \_\_\_\_\_ To the best of my knowledge my child is in good health today & has no chronic illnesses
- \_\_\_\_\_ The Westin Family uses Banana Boat, SPF 50 sun block when going on excursions. May we apply sun screen on your child?
- \_\_\_\_\_ May your child watch TV while in the Westin Family? \_\_\_\_\_ The Westin Family only shows age appropriate television shows and movies rated "G" to "PG".
- \_\_\_\_\_ May your child use the internet? \_\_\_\_\_ All internet content is monitored by Net Nanny. All video games rated "E" for Everyone.
- \_\_\_\_\_ The Westin Riverfront Resort & Spa reserves the right, in its sole discretion, to disqualify or remove any child from participating in the program at any time if the child exhibits inappropriate or unacceptable behavior. 3 step disciplinary process:
1. Verbal warning to child 2. Phone call to parents 3. Removal from program

### IMMUNIZATION RECORDS ARE REQUIRED BY THE NEXT BUSINESS DAY FOR ALL CHILDREN ATTENDING THE WESTIN FAMILY PROGRAM

#### Required Medical Information

Complete all areas thoroughly!

Child's Allergies \_\_\_\_\_ Dietary concerns \_\_\_\_\_ Other concerns \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Clinic Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WESTIN FAMILY PERSONEL WILL ADMINISTER ONLY LIFE SUSTAINING MEDICATION (inhalers/epi pens) PLEASE SEE EMERGENCY CARE ON REVERSE SIDE**

Our local dentist is Dr. David Maloley: (970) 949-3331, West Beaver Creek Boulevard # 232 Avon, CO 81620

Our local hospital is Vail Valley Medical Center: (970) 476-2451

( ) My child requires a reasonable modification, auxiliary aid or service or other accommodation to participate in the program

The undersigned, as parent and/or legal guardian of: \_\_\_\_\_, (Name of the Child) ("Child") a minor, has been fully informed of the activities which have been planned for children in the program. I herewith hereby release and indemnify Starwood Hotels & Resorts Worldwide Inc. and (The Westin Riverfront Resort & Spa) and its owner from any and all manner of actions, cause or causes of action, which a child or the undersigned may have against Starwood Hotels & Resorts Worldwide Inc. and (The Westin Riverfront Resort & Spa) in connection with, or arising out of participation of child in said program. By providing the information herein, you acknowledge the some of the information may be sensitive in nature, and hereby: (a) consent to Starwood's, and its affiliated and subsidiary companies, and their respective agents, employees and others working on their behalf (collectively, the "Starwood Group") collection, processing, and use of the information provided (including personally identifiable and sensitive information) for any lawful, business related purpose that the Starwood Group deems appropriate; and (b) authorize the Starwood Group to store this information at such location(s) and with such party(ies), as the Starwood Group deems appropriate, whether within your country of residence, the United States or elsewhere, and for the Starwood Group directly, or through its third party vendor(s), to transmit all or part of such information to any location(s) throughout the world, whether within the your country of residence, the United States or elsewhere.

I acknowledge that I have read and accept the terms of this Child Check-In Form.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian PRINTED name

\_\_\_\_\_  
Date

**I agree to provide Westin Family Kids Club with my child's immunization records by the next business day.**

X \_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

## List 2 Emergency contacts NOT traveling with your party

FROM YOUR HOME STATE

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### OTHER PERSON ALLOWED TO CHECK MY CHILD OUT (IF APPLICABLE)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CARE:** In the event of the child's sickness, illness, or injury, and the parents or guardians are not available for communication or authorization, Westin Family and its administration may at their sole discretion, seek, obtain and administer emergency care for the child(ren) named. The parents or guardians do hereby release Riverfront Village Hotel LLC d.b.a, The Westin Riverfront Resort & Spa, East West Resorts LLC, Westin Hotel & Resorts, Starwood Vacation Ownership, Starwood Hotels & Resorts Worldwide Inc. its owners, employees, officers, directors and affiliates from any liability resulting from said medical attention. In addition, parents or guardians do hereby authorize for a health care facility or physician to provide medical treatment as necessary to the child in the event parents or guardians cannot be reached and child must be taken to the facility. Parents or guardians also confirm that they assume full responsibility for payment for any medical service rendered.

X \_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED name

\_\_\_\_\_  
Relationship

## LEGAL DISCLAIMER FOR PARTICIPATIONS IN WESTIN FAMILY

Westin Family is pleased to provide an opportunity for our guests to participate in a discovery of new destinations and activities through our Westin Family. There may be risks associated with Westin Family participation. Although the Westin Family will never knowingly send young people or adults into an unreasonable dangerous situation, despite reasonable precautions, people occasional do get hurt or become ill during an activity. The completion of this form will assist in making the Westin Family the best possible experience for you and your child.

### PARENT'S AUTHORIZATION AND RELEASE: (Please read carefully)

I, \_\_\_\_\_ (Parent/Legal Guardian's Name), give my consent for my child, \_\_\_\_\_ (Child's Name), to participate in all of the activities that are part of the Westin Family. I know of no medical conditions or allergies that would prevent or limit my child's participation in the activity.

In the event I cannot be reached in case of an emergency, I hereby authorize The Westin Riverfront Resort & Spa, its agents, employees, or their designed medical professionals to make emergency medical decisions for my child and/or to administer emergency medical assistance to my child. I accept responsibility for payment of expenses incurred as a result of any medical treatment provided to my child.

In consideration for my child being allowed to participate in the Activity, I agree to **HOLD HARMLESS AND RELEASE** the Westin Family, Riverfront Village Hotel, LLC d.b.a. The Westin Riverfront Resort & Spa, East West Resorts, LLC, Westin Hotels & Resorts, Starwood Vacation Ownership, Starwood Hotels & Resorts Worldwide, Inc. and their owners, employees and affiliates from liability for any **FAULT, MISTAKE, NEGLIGENCE OR OMISSION** causing damage, loss, including but not limited to loss personal property, injury, or death to me or my child's participation in the Activity, including any damage arising from the provision of emergency medical treatment.

I also give permission to the Westin Family, the Westin Riverfront Resort & Spa, East West Resorts, Westin Hotels & Resorts, Starwood Vacation Ownership, Starwood Hotels & Resorts Worldwide, Inc. and their owners, employees and affiliates to use any photograph or videos taken of me or my child during the activity for promotional purposes.

I understand that my child and I will be required to follow the Westin Family's reasonable rules and instructions during the activity and obey all laws. Failure to do so may result in my and my child's expulsion from the activity, and if so , I will be responsible for our safe transportation back to the property. The Westin Family, Westin Riverfront Resort & Spa, East West Resorts, Westin Hotels & Resorts, Starwood Vacation Ownership, Starwood Hotels & Resorts Worldwide, Inc. and their owners, employees and affiliates shall have sole discretion on whether to expel me and my child from the Activity.

By my signature below, I acknowledge that I have read this form in it's entirely, understand it, and consent to its terms.

Signature of Parent / Legal Guardian X \_\_\_\_\_ Date \_\_\_\_\_

**YOUR CHILDREN WILL NOT BE ALLOWED TO PARTICIPATE IN THE ACTIVITY UNLESS THIS FORM IS COMPLETED AND SIGNED**