

**Association for Computing Machinery – SIGGRAPH
CHILDREN’S PROGRAM CONSENT FORM**

- **Child(ren)’s first and last names:**

Name_____ Age_____ Name_____ Age_____

Name_____ Age_____ Name_____ Age_____

- **Please list only those allowed to check-out the above child(ren) from the KiddieCorp children’s program (please list first and last names; photo ID may be required when checking out children):**

Name_____ Relationship to child(ren)_____

Name_____ Relationship to child(ren)_____

- **Are any of your children allergic to anything (foods, etc.) or are any of your children taking medication? If yes, explain: (Note: KiddieCorp staff does not administer or assist in the administration of any medications.)**

- **Do any of your children have health limitations or special needs? Any birthmarks or injuries we should be aware of?**

We, the undersigned adults, agree to place our child or ward in the KiddieCorp children’s program. For ourselves, our child/ward (or children/wards), and each of our respective heirs, assigns, and next of kin, we hereby release and agree to indemnify and hold harmless KiddieCorp, Association for Computing Machinery, ACM SIGGRAPH and SIGGRAPH 2019, and their respective officers, directors, agents, employees, assigns, vendors, and the owners and/or lessors of the facility or facilities where the program will be held (collectively “the Releasees”), from any and all claims which may now or hereafter arise from our child’s/ward’s (or children’s/ward’s) participation in the KiddieCorp program. We do not release claims arising from Releasees for any of their willful misconduct or gross negligence.

Photographs taken throughout the children’s program may be used for promotion and/or publication by Association for Computing Machinery, KiddieCorp, Inc., ACM SIGGRAPH and SIGGRAPH 2019.

We have read the above and understand this release. Furthermore, in the event of an emergency or health concern, KiddieCorp has our permission to administer first aid, contact our pediatrician, or obtain emergency medical treatment for our child. We agree to pay all expenses incurred due to an emergency involving our child.

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) () _____

Cell #: () _____ E-mail: _____

Pediatrician’s Name: _____ City: _____

Emergency Contact (Someone who is not at this location with you): _____

Emergency Contact Phone: () _____

We suggest you make a copy of your completed form as a reference. Confirmations will not be sent. KiddieCorp reserves the right to limit participation of any child whose presence or behavior may disrupt the program or endanger the health or safety of others.