



Children's Think Tank

Mt. Royal Station Building 1400 Cathedral Street Baltimore, MD 21217

Care of Child Waiver and Emergency Contact Information

Child's Name _____ Age _____

Parent's Name _____ Cellphone _____

Parent's Name _____ Cellphone _____

Emergency Contact _____ Cellphone _____

We, the undersigned, are the parent(s) of the aboved named child/children, and we agree in taking advantage of this afterschool research group project & service, to release and hold harmless, Heidi Gustafson, the Maryland Institute College of Art, The Children's Think tank and its employees, students, officers, and participants from any and all claims, demands, suits, costs and charges, in connection with or arising out of this service, including, but not limited to bodily harm or injury to our children, except only for loss, harms or injury occurring from gross negligence or internal misconduct from the people involved in the Children's Think Tank, we further authorize Heidi Gustafson to administer, or cause to be administered at my/our soul cost and expense, medical treatment in the event of an emergency.

In the event I cannot be reached to make arrangements for emergency medical treatment, I authorize Heidi Gustafson or those involved in the Children's Think Tank, to send my child/children to the closest appropriate place for care. I give my consent for any and all treatment for my child/children when the child/children are in this individual's care.

I understand that the Children's Think Tank will not purposefully put my child in harms way and give full consent for the Children's Think Tank to act in the best judgement and interest of my child/children.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Signature of Director _____ Date _____