



WAIVER FOR THE DISTRIBUTION OF SUN SCREEN/INSECT REPELLENT

This waiver gives Wild River Fitness/Osceola Medical Center permission to apply sun screen (SPF 15 or higher) and/or insect repellent that is supplied from home.

Child's Name: _____
Home Phone: _____

I hereby acknowledge and request that Wild River Fitness/Osceola Medical Center staff, its employees and/or duly authorized agents administer or assist in administering sunscreen or insect repellent to above named child while child is under the supervision of Wild River Fitness.

In consideration of the administering or assistance in administering sunscreen and/or insect repellent, I hereby forever release, discharge, hold harmless and agree to indemnify Wild River Fitness/Osceola Medical Center, its employees and duly authorized agents of and from any and all claims, demands, suits, actions, and liabilities or responsibilities of whatsoever kind or nature, arising out of connection with the administering or assistance in administering of said sun screen and/or insect repellent.

Sun Screen: Name Brand: _____

Insect Repellent: Name Brand: _____

I understand that these will only be applied right before outdoor play and as needed during outdoor play.

Guardian/parent Name (print): _____

Signature (guardian/parent): _____ Date: _____