

Fishers Christian Academy

9587 East 131st Street
Fishers, Indiana 46038
(317) 577-1777 / 572-7077
www.FishersChristianAcademy.org



Parents Nite Out Check-in and Waiver

Child's Name(s): _____
Child's Name(s): _____
Child's Name(s): _____
Child's Name(s): _____
Child's Name(s): _____

Parent's Full Name(s):
Parent's Phone Numbers:
Parent's Email Address:
Home Address:

- My children are of acceptable behavior and medically able and properly trained to be at Parents Nite Out. My children will abide by all decisions of adult supervision at Parents Nite Out. I assume all risks associated with Parents Nite Out, including but not limited to falls, contact with other participants, the effects of the weather, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my form to participate in Parents Nite Out, I, for myself and anyone entitled to act on my behalf, waive and release Fishers Christian Academy staff from all claims and hold harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future, in connection with participation in the described activity or in any other associated activities.
- This waiver gives FCA authority to administer medical treatment in case of an emergency.
- I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.
- I understand that the PTO is not responsible for lost items during the Parents Nite Out.

Signature of Parent (Guardian) _____ Date _____ / _____ / _____