

EXTREME TANNING CENTRE
KIDS CORRAL BABYSITTING CONSENT FORM

Name: _____

Address: _____ City: _____

P.C. _____ Phone: _____

I _____ do hereby release Extreme Tanning Centre Inc., its officers, agents and employees from any and all liability, of any kind whatsoever arising out of any physical or mental injury incurred or sustained while my son(s) and/or daughter(s) named below are in the care of the 'Kids Corral' at Extreme Tanning Centre located at 389 Bayfield St. N. Further, I waive any claim or cause of actions against the foregoing parties, which may arise as a result of an accident or an injury to my child. I also understand that Extreme Tanning Centre Inc. shall not be held responsible for any articles lost, stolen, or left behind.

Please state the first and last name of each child (Maximum of 3 children):

1. _____

2. _____

3. _____

I _____ the undersigned, acknowledge and affirm that I am the legal guardian/parent of the above mentioned child (children) and that I have carefully read this release and have asked and obtained a satisfactory explanation of any part that I do not understand.

Signature: _____ **Date:** _____