



DATE: \_\_\_\_\_

\* KEEP ON FILE AS A STANDING BOOKING

## Seminole Sitters, LLC

### Good Friends Group Fitness Center: Info & Liability Waiver

Seminole Sitters is a locally-owned and operated childcare agency for families in Tallahassee and the surrounding areas. Our Sitters are 18+ years old, drug tested, CPR and First Aid certified, and have had years of childcare experiencing prior to joining Seminole Sitters. They have passed thorough and extensive background checks. Nearly all are majoring in or hold their degree in child-related fields.

We are not formally affiliated or contracted with the Good Friends Fitness, Inc. (D/B/A Good Friends Group Fitness Center); Good Friends refers Seminole Sitters to their members as an amenity service and provides a room and supplies for sitters to perform a safe, healthy, education sitting service.

Seminole Sitters reserves the right to refuse service if, in our sole discretion, refusal is in the best interest of the Sitter or Seminole Sitters, LLC. Sitters provide service for children ages 6 weeks up to 12 years old. Children may not stay in sitters care for more than 2 hours.

CHILD'S NAME & AGE \_\_\_\_\_ CHILD'S NAME & AGE \_\_\_\_\_

CHILD'S NAME & AGE \_\_\_\_\_ CHILD'S NAME & AGE \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ CELL \_\_\_\_\_

OTHER CONTACT (OPTIONAL) \_\_\_\_\_

#### Rate and Billing:

##### Kid Sitting Passes

###### Member

5 Visits = \$25

10 Visits = \$40

20 Visits = \$60

###### Non-Member

(Includes 10-class pass holders)

5 Visits = \$35

10 Visits = \$60

20 Visits = 100

**There is a two-hour maximum.** One Sitter will care for up to six children, unless there is a child younger than one year old, in which case one Sitter will care for up to four children.

#### Hours of operation are:

Monday through Friday, 4:30p.m. - 8 p.m.

Tuesday and Thursday, 9:30a.m. - 10:30a.m.

Saturdays 9:00a.m. – 11:00a.m. and Sundays 2:30p.m. – 4:30p.m.

Parents are **required** to reserve their babysitting via website or call-in by **2pm that day (M-F)** and by **2pm on Friday** for the weekend classes. Parents must also **cancel** their appointment by 2pm the day of or 2pm on Friday for weekend classes, or be



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charged half of their sitting fee.

Initial: \_\_\_\_\_

**Medical Release:**

I hereby give permission for any and all medical attention necessary to be administered to my children in the event of an accident, injury, sickness, or other ailment under the direction of local medical professionals until such time as I may be contacted. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the children named above. I hereby assume the responsibility for the payment of any such treatment.

Initial: \_\_\_\_\_

If I wish for medicine to be administered to my children, I will leave a signed and dated note for my Sitter. This signed and dated note will include the name of the child receiving medicine, the name of the medicine, the proper dosage, and the times it is to be administered, as well as the name of the prescribing physician.

Initial: \_\_\_\_\_

**Indemnity Agreement:**

I hereby agree to indemnify, defend, and hold harmless Seminole Sitters, LLC, and its subsidiaries and affiliates, including Good Friends Group Fitness, and both of their respective officers, directors, agents, employees, subcontractors, successors, and assigns from and against any and all actions, cost, suits, demands, claims, damages, losses, and liabilities (including reasonable attorney's fees) of any type or kind whatsoever arising out of or caused by my child or children being under the supervision of a Seminole Sitters childcare provider.

Initial: \_\_\_\_\_

**Welfare of Children:**

I have left my phone number(s) and information on which class I will be attending for the Sitter to contact me if any questions or emergencies arise. I will also leave specific information or instructions if my child is currently under any medical supervision or needs any special attention. Any failure to report information to the sitter before leaving the child in their care is the sole responsibility of me, the parent.

Initial: \_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Good Friends or Seminole Sitter employee signature

\_\_\_\_\_

Date