



IN – ROOM BABYSITTING SERVICES REQUEST FORM

24 HOURS NOTICE REQUIRED

Guest(s) Name: _____ Hotel/ Room No(s): _____

Guest(s) Name: _____ Hotel/ Room No(s): _____

Phone Number(s): _____ Email _____

Emergency Contact(s): _____

Service Date: _____ Service Time* _____ to _____

***Minimum 3 hours**

Location of Parent/Guardian during service time: _____

****Parent/Guardian Must Remain on water park or pool area.***

TERMS AND CONDITIONS

1. Out Room babysitting services are offered on a first come, first served basis at a rate of \$25 per hour. For each additional child, a babysitter will be provided at a rate of \$10 per hour.
2. I hereby agree, for my temperature to be screened privately upon the babysitter arrival at room by using a touchless forehead /temporal artery thermometer.
3. A minimum of three (3) hours of babysitting services will be offered to children aged one (1) to fourteen (14) years.
4. One (1) babysitter will be provided per child between the ages of one (1) and two (2) years old. For children between the ages of two (2) and fourteen (14) years old, one babysitter will be provided for two children. Please note that the appropriate ratio of babysitters to children will be determined at the sole discretion of Baha Mar.
5. Where there are multiple families, services shall be provided for no more than two (2) families and signatures are required from each guest requesting babysitting services.
6. All rates are fixed and will be charged to the guest room account at the conclusion of the babysitting services.
7. Babysitters are not authorized to administer prescription or over-the-counter medication.
8. Children's meals must be approved and ordered in advance.
9. Movies and/or in-room entertainment must be pre-approved.
10. Babysitters are prohibited from bathing children.
11. If the babysitting services will be offered for four (4) hours or more, the babysitter is permitted to order a meal.
12. Services must be cancelled by email to babysitting@bahamar.com at least eight (8) hours in advance. The minimum rate (three (3) hours) will be charged to the guest's room account where services are cancelled less than eight (8) hours before the requested service time.
13. After a grace period of thirty (30) minutes, without prior written notice of cancellation from guest, we reserve the right to process a late fee equivalent to three (3) hours of service and the booking will be considered cancelled. **Changes to existing reservations must be made 8 hours in advance.**
14. A late fee of additional \$50 will be billed after a thirty (30) minute grace period from scheduled return time.

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW:

Total Number of Children: _____ **Same Family?** Yes No Male/ Female

Child's Name: _____ Age: _____ Birth Date: _____ M F

Child's Name: _____ Age: _____ Birth Date: _____ M F
mm/dd/yyyy

Child's Name: _____ Age: _____ Birth Date: _____ M F
mm/dd/yyyy

IN ROOM DINING SELECTION

Please indicate in-room dining selection:
***Please note that Parents must take out any mini-bar items for their child(ren) prior to leaving as babysitter is not permitted to open the mini-bar.**

Child's Name: _____ Selection: _____

Child's Name: _____ Selection: _____

Child's Name: _____ Selection: _____

DIETARY RESTRICTIONS

Please note any dietary restrictions below:

Child's Name: _____ Dietary Restriction: _____

Child's Name: _____ Dietary Restriction: _____

Child's Name: _____ Dietary Restriction: _____

MEDICAL HISTORY

(Please note that babysitters are not authorized to administer medication).

Is any child suffering from an illness or disability? Yes No

If yes, please identify the name of the child and the nature of the illness/disability: _____

Is child presently on any medication? Yes No

If yes, please identify name of medication: _____

Type of medication: Over the Counter Prescription

Does your child have any allergies? Yes No

If yes, please identify the name of the child and indicate type of allergy: _____

If your child has an EpiPen or Inhaler, please indicate whether your child knows where it is located and how to self administer? Yes No

IN-ROOM ENTERTAINMENT

Is child permitted to watch television? Yes No

Is child permitted to watch pay-per-view movies offered by the Resort? Yes No

If yes, please indicate the name of the movie(s): _____

Please indicate any special instructions (including feeding times/bedtime): _____

LIABILITY RELEASE AND WAIVER FOR BABYSITTING SERVICES

THIS IS A LEGALLY BINDING AGREEMENT. PLEASE READ THIS AGREEMENT CAREFULLY AND IN ITS ENTIRETY. I understand, acknowledge, and agree that by signing this legally binding agreement (the "Agreement"), signed voluntarily by me, the undersigned, on my own behalf, and on behalf of my child(ren), heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor", "I" or "me" which terms shall also include my child(ren)'s other parent or guardian).

I have voluntarily chosen to utilize the babysitting services (the "Services") offered at the Baha Mar Resort (the "Resort"). I fully understand that there are dangers and risks involved to which my child(ren) may be exposed to, by participating in the Services. I understand that the Resort has not required that I utilize these Services; however, I choose to do so with informed consent and for valuable consideration received.

I agree to assume all of the risks and responsibilities arising from or associated with the Services. I hereby release the Resort, babysitters, the hotel operators of the Resort, Perfect Luck Assets Limited, CTF BM Operations Ltd., Sky Warrior Bahamas Ltd. (collectively, the "Companies"), and each of the Companies affiliates, subsidiaries, parent companies, shareholders, directors, officers, employees, agents, assigns, and contractors (collectively, the "Releasees") from any and all claims, demands, suits, judgments, damages, actions, and liabilities of any kind or nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I or my child(ren) may suffer at any time arising from or in connection with the Service, including but not limited to any injury or harm to me or my child(ren) or damage to my property (collectively, "Liabilities") and I agree to defend, indemnify, and hold the Releasees harmless from and against any and all Liabilities.

I understand that this Agreement shall bind and be effective against my successors, assigns, executors, administrators, heirs and legal representatives with the same force and effect as this waiver of liability is binding against me.

I grant permission for the babysitter, the Resort, and its employees to act on my behalf to protect the health and safety of my child(ren). I recognize that in the event of an emergency medical situation, non-Baha Mar personnel may provide my child(ren) with medical intervention as they deem necessary that I may not be able to consent to at the time, which may include medical and dental personnel, physicians and surgeons, first responders, EMTs, first aid stations, and medical clinics providing clinical, medical imaging or x-ray treatment that any attending dentist, physician, medical technicians, and their nurses or assistants or dental, medical, clinical or hospital personnel deem in their judgment to be necessary, including, but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen and intubation. I consent to the administration of anesthesia and to the use of such anesthesia as may be deemed appropriate for the requisite medical care. In addition to my consent to necessary medical care, I further agree to be financially responsible for the cost of such assistance and treatment. I RECOGNIZE AND ACKNOWLEDGE THAT BAHA MAR IS NOT OBLIGATED TO CARRY ANY TYPE OF ACCIDENT OR HEALTH INSURANCE POLICY FOR MY CHILD(REN)'S CARE AND THAT I AM SOLELY RESPONSIBLE FOR SUCH EXPENSE. I fully release the Releasees from any liability in connection with those actions, including but not limited to the actions of first responders and/or employees providing any form of first aid or emergency medical care to my child(ren).

I understand that the dining, television, in-room entertainment options will be offered to my child(ren) based on the dietary restrictions and recommendations that I have provided. I understand and agree that the Releasees do not assume any responsibility for referring babysitting services and I am not relying upon any oral or written representations or statements of any kind by the Releasees other than as set forth in this Agreement.

I agree that this Agreement shall be governed for all purposes by the law of the Commonwealth of the Bahamas, without regard to conflict of law principles and any disputes or claims arising from this Agreement shall be governed by the courts of The Bahamas.

I have read this Agreement and I fully understand the Agreement and terms and conditions of Baha Mar's babysitting program and agree to be legally bound by it.

Parent/Releasor Information:

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

*Please Note that in an Emergency Evacuation each Tower's initial assembly location is as follows: Hyatt

East – Valet Parking Lot Hyatt West – West Parking Lot SLS - West Parking Lot or near Academy
Rosewood – Behind Parking Garage.

You may call Security at 788-7092/5 or 55 from a house phone for updates.

Parent Identification:

Your babysitter's name is : _____

Check here to confirm that babysitter's identification is the same as the name printed above? Yes No
. If your babysitter's name does not match his/her identification, please contact [X].

Signature: _____

Sitter Name (ID): _____

Time In: _____ Time Out: _____

Parent Feedback: _____

Parent Initial: _____