

Medical Authorization and Service Agreement

Breckhorn, Inc., d/b/a/ Resort Sitters
P.O. Box 7399, PMB 252, Breckenridge, CO 80424
Summit 970.513.4445 | Steamboat 970.367.44417 | Vail 970.748.3012
www.resortsitters.com
E-mail: babysitting@resortsitters.com



Sitter's Name: _____

Parents'/Guardians' Name(s): _____ Phone: _____

Children's Names/Ages: _____

Parents' Lodging/Phone Numbers: _____

Parents' Destination(s)/Phone Numbers: _____

Emergency Phone Number(s): _____

Medical Conditions/Instructions: _____

Requested Activities: _____

Prohibited Activities: _____

We, (Parents, Guardians, or individuals with permission to execute this agreement on their behalf), have temporarily entrusted the care of our child/children to the sitter or sitters ("Sitter") named above. While in Sitter's care, just as while in our care, children have an inherent risk of accident or unforeseen circumstances, including but not limited to falling, tripping, choking, or other medical condition, that may result in property damage, personal injury, even possibly death. We authorize Sitter to take all reasonable actions to protect the safety of our children while they are in Sitter's care. In the event of medical emergency, we specifically authorize Sitter to consent to necessary treatment under the guidance of first responders, emergency medical personnel and physicians. We are responsible for the cost of such care.

We understand that Breckhorn, Inc., d/b/a Resort Sitters ("Resort Sitters") is a referral agency only and is not the employer or co-employer of Sitter. We understand that Sitter is an independent contractor, responsible for their own actions and omissions, and Resort Sitters has no liability for those actions or omissions. In consideration for the referral of Sitter, we knowingly and voluntarily, on our own behalf and on behalf of our children, personal representatives, agents, successors, heirs and assigns, release, discharge, indemnify, agree to hold harmless, and waive any and all claims against Resort Sitters, its owners and employees, from any liability for personal injury, including possibly death, property damage, loss, delay or expense of any kind incurred in connection with hiring Sitter or the babysitting appointment. We understand that Resort Sitters is relying on our material representations in this agreement.

Parents understand that Sitter has a contract with Resort Sitters and agree not to interfere with that contract in any way, including by hiring Sitter without the consent of Resort Sitters.

Parents understand that there is a minimum billing charge (either 4 hours or 8 hours) for every sitting appointment.

Parents'/Guardians' Signatures: _____ Date: _____



Back of Receipt

Verification of Payment and Deposit

Resort Sitters
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Sitter's Name: _____

Parents'/Guardians' Name(s): _____

Rates for Summit County / Steamboat Springs

| No. of Children X No. of Hrs | 4 h | 4.5 h | 5 h | 5.5 h | 6 h | 6.5 h | 7 h | 7.5 h | 8 h | 8.5 h | 9 h | 9.5 h | 10 h |
|---------------------------------|-------|-------|-------|---------------------------------------|-------|-------|-------|------------------|-------|-------|-------|-------|-------|
| 1 kid @ \$24 h | \$96 | \$108 | \$120 | \$132 | \$144 | \$156 | \$168 | \$180 | \$192 | \$204 | \$216 | \$228 | \$240 |
| 2 kids @ \$25 h | \$100 | \$113 | \$125 | \$138 | \$150 | \$163 | \$175 | \$188 | \$200 | \$213 | \$225 | \$238 | \$250 |
| 3 kids @ \$26 h | \$104 | \$117 | \$130 | \$143 | \$156 | \$169 | \$182 | \$195 | \$208 | \$221 | \$234 | \$247 | \$260 |
| 4 kids @ \$27 h | \$108 | \$122 | \$135 | \$149 | \$162 | \$176 | \$189 | \$203 | \$216 | \$230 | \$243 | \$257 | \$270 |
| 5 kids @ \$28 h | \$112 | \$126 | \$140 | \$154 | \$168 | \$182 | \$196 | \$210 | \$224 | \$238 | \$252 | \$266 | \$280 |
| 6 kids @ \$29 h | \$116 | \$131 | \$145 | \$160 | \$174 | \$189 | \$203 | \$218 | \$232 | \$247 | \$261 | \$276 | \$290 |
| X 1.5 on holidays | | | | X 2 on New Year's Eve after 5p | | | | (rev. July 2013) | | | | | |

| Date | Time In | Time Out | Total Hrs | # of Kids | Additional Fees | Total Amt. | Deposit (-) | Appointment Total |
|---|---------|----------|-----------|-----------|-----------------|------------|-------------|-------------------|
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| | | | | | | | | |
| | | | | | | | | |
| Sub-Total (of all appointments): | | | | | | | | |
| Tip: | | | | | | | | |
| Total (sub-total + tip): | | | | | | | | |

Please verify the accuracy of the above detailed hours, deposit and payment with your signature.

TIPS ARE GREATLY APPRECIATED AND GO EXCLUSIVELY TO YOUR SITTER

Parents'/Guardians' Signature: _____ Sitter's Signature: _____

Indicate Payment Type: Cash Check (made payable to your sitter) Credit Card (loss of 5% discount)

***** Stated rates include a 5% discount for cash and check payments. Credit card payments will lose the 5% discount. *****
 Credit card charges must be on same card used for deposit. Please write total desired to be charged before 5% adjustment: \$ _____
 Signature authorizing credit card payment: _____

Receipt of Payment To Sitter

Sitter's Name: _____

| Date(s) | Total Hours | Balance Paid To Sitter |
|---------|-------------|------------------------|
| | | |

Resort Sitters thanks you for your business!

Questions/Concerns? Please contact us: Summit | 970.513.4445 Steamboat | 970.367.4417 Vail | 970.748.3012