



The Retreat at Ponte Vedra Beach  
DROP OFF AND PICK UP POLICY

**DROP OFF-PICK UP POLICY**

At The Retreat at Ponte Vedra Beach and its divisions (The Well and The Grove) each child will be released ONLY to the parent or guardian who brought him/her, unless pre-arrangements have been made by the parent or guardian to release the child to parent, guardian, responsible adult that has a form on file with copy of their government issued ID.

Government issued ID will be required upon dropping off or picking up child to or from activities at The Retreat at Ponte Vedra Beach.

I HAVE CAREFULLY READ THIS DROP OFF PICK UP AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY CHILD BEING RELEASED TO AN ADULT NAMED ON THIS FORM WITH APPROPRIATE GOVERNMENT ISSUED ID ON FILE. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS. I HAVE COMPLETED THE REQUIRED DROP-OFF PICK UP FORMS AND PROVIDED COPIES OF THE GOVERNMENT ISSUED ID OF THE RESPONSIBLE ADULT THAT I HAVE GIVEN PERMISSION TO DROP OFF - PICK UP MY CHILD(REN) FROM ACTIVITIES AT THE RETREAT AT PONTE VEDRA BEACH.

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY INDIVIDUAL WHO REGISTERS ONLINE OR SIGNS THE SIGN-IN SHEET AT THE WELL AT THE RETREAT AT PVB

CHILD NAME	Date of Birth
1.	
2.	
3.	
4.	

FOR PARENTS/GUARDIANS OF COOKING CLASS PARTICIPANTS UNDER 18 YEARS OLD:

I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in the Cooking Classes, and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.

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PARENT'S/GUARDIAN'S PRINTED NAME SIGNATURE PHONE NUMBER DATE

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.



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**DROP OFF-PICK UP RELEASE FORM:**

I give permission for the adult(s) listed below to drop off-pick up my child(ren) from activities at The Retreat at Ponte Vedra Beach and its divisions. I have provided a copy of their government issue ID.

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Relationship to child/family:</b>		<b>Cell Phone:</b>
email:		
COPY OF ID ON FILE: <input type="checkbox"/> YES		

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Relationship to child/family:</b>		<b>Cell Phone:</b>
email:		
COPY OF ID ON FILE: <input type="checkbox"/> YES		

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>
<b>Relationship to child/family:</b>		<b>Cell Phone:</b>
email:		
COPY OF ID ON FILE: <input type="checkbox"/> YES		