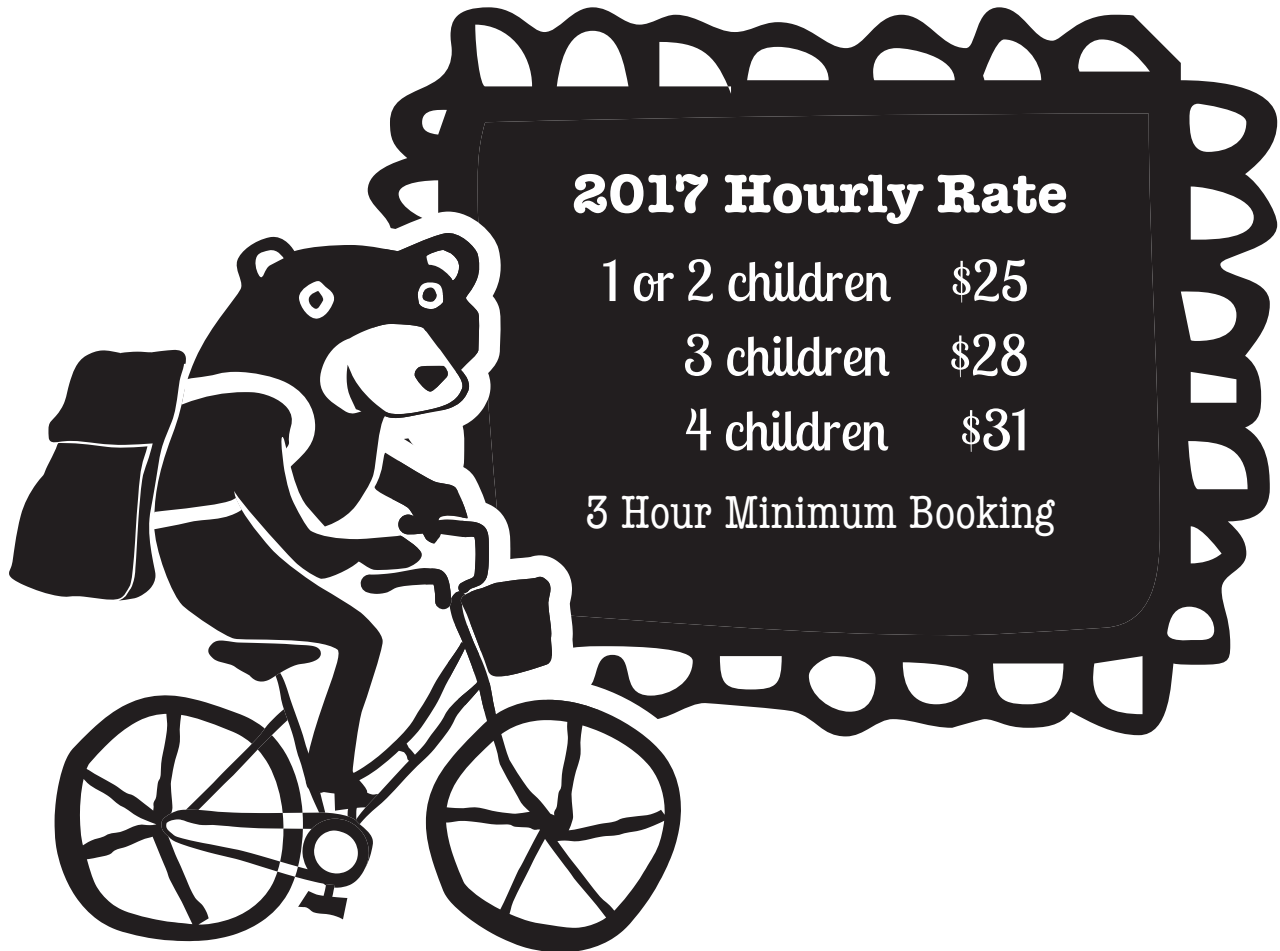


# Nanny Rates For Fairmont Jasper Park Lodge

## Nanny Care that Comes to You!



Statutory holidays are an additional \$5 per hour.

**Cancellation Fee** with less than 24 hours notice is

3-Hr minimum rate:

\$75 (1 or 2 children), \$84 (3 children), \$93 (4 children)

Plus \$15 Cancellation Fee on Stat Holidays





# My Jasper Nanny Registration Form

Date of Service	Beginning Time	# Hours Service Needed	# of Children Needing Care*

## Child #1 Information

First Name	Last Name	Child's Age

Answer All Questions	Select One	Details
Does this child have allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list all allergies, whether to foods, medication, environmental factors or others:
Do the child's allergies require nannies to monitor the child for symptoms, take action and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Does this child have any special medical or health conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe:
Does this child's medical or health condition require nannies to monitor the child for symptoms, take action, including perform a procedure and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Is this child currently taking any medication, nutritional supplements or similar substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what medications, supplements, etc. are to be provided, when they are to be provided, and all other relevant information:
Check ALL activities that you approve & details of preferred activities.	<input type="checkbox"/> Stroller Walks <input type="checkbox"/> Outdoor Playground <input type="checkbox"/> Nature Walks <input type="checkbox"/> Skating <input type="checkbox"/> Tobogganing <input type="checkbox"/> Bike Ride <input type="checkbox"/> JPL play/games room <b>Specific directions:</b>	
Do you permit your nanny to take your child(ren) to a hotel restaurant or order room service for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed instructions for meals:



## Child #2 Information

First Name	Last Name	Child's Age

Answer All Questions	Select One	Details
Does this child have allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list all allergies, whether to foods, medication, environmental factors or others:
Do the child's allergies require nannies to monitor the child for symptoms, take action and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Does this child have any special medical or health conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe:
Does this child's medical or health condition require nannies to monitor the child for symptoms, take action, including perform a procedure and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Is this child currently taking any medication, nutritional supplements or similar substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what medications, supplements, etc. are to be provided, when they are to be provided, and all other relevant information:
Check ALL activities that you approve & details of preferred activities.	<input type="checkbox"/> Stroller Walks <input type="checkbox"/> Outdoor Playground <input type="checkbox"/> Nature Walks <input type="checkbox"/> Skating <input type="checkbox"/> Tobogganing <input type="checkbox"/> Bike Ride <input type="checkbox"/> JPL play/games room <b>Specific directions:</b>	
Do you permit your nanny to take your child(ren) to a hotel restaurant or order room service for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed instructions for meals:



## Child #3 Information

First Name	Last Name	Child's Age

Answer All Questions	Select One	Details
Does this child have allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list all allergies, whether to foods, medication, environmental factors or others:
Do the child's allergies require nannies to monitor the child for symptoms, take action and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Does this child have any special medical or health conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe:
Does this child's medical or health condition require nannies to monitor the child for symptoms, take action, including perform a procedure and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Is this child currently taking any medication, nutritional supplements or similar substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what medications, supplements, etc. are to be provided, when they are to be provided, and all other relevant information:
Check ALL activities that you approve & details of preferred activities.	<input type="checkbox"/> Stroller Walks <input type="checkbox"/> Outdoor Playground <input type="checkbox"/> Nature Walks <input type="checkbox"/> Skating <input type="checkbox"/> Tobogganning <input type="checkbox"/> Bike Ride <input type="checkbox"/> JPL play/games room <b>Specific directions:</b>	
Do you permit your nanny to take your child(ren) to a hotel restaurant or order room service for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed instructions for meals:

# Child #4 Information



First Name	Last Name	Child's Age

Answer All Questions	Select One	Details
Does this child have allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list all allergies, whether to foods, medication, environmental factors or others:
Do the child's allergies require nannies to monitor the child for symptoms, take action and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Does this child have any special medical or health conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please describe:
Does this child's medical or health condition require nannies to monitor the child for symptoms, take action, including perform a procedure and/or give emergency medication to your child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what symptoms the nanny is required to monitor, what medications are to be provided, when medications are to be provided, and all other relevant information:
Is this child currently taking any medication, nutritional supplements or similar substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide detailed instructions as to what medications, supplements, etc. are to be provided, when they are to be provided, and all other relevant information:
Check ALL activities that you approve & details of preferred activities.	<input type="checkbox"/> Stroller Walks <input type="checkbox"/> Outdoor Playground <input type="checkbox"/> Nature Walks <input type="checkbox"/> Skating <input type="checkbox"/> Tobogganning <input type="checkbox"/> Bike Ride <input type="checkbox"/> JPL play/games room <b>Specific directions:</b>	
Do you permit your nanny to take your child(ren) to a hotel restaurant or order room service for meals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide detailed instructions for meals:

## **AUTHORIZATION, WAIVER AND RELEASE**

By my signature below, I:

- (1.) Represent and warrant that I am at least 18 years old and that I am the legal guardian of the child(ren) listed above
- (2.) Acknowledge and agree that My Jasper Nanny Inc. is providing the nanny/babysitting services I have requested (the "Services") and not Fairmont Jasper Park Lodge ("Hotel");
- (3.) Specifically acknowledge and agree that my Services provider will not feed my child(ren) other than (a) at the Hotel restaurant and/or by ordering room service as indicated above; or (b) with food I have left for that purpose;
- (4.) Have provided my Services provider with all applicable medications, snacks, food supplements or similar substances that my child(ren) require, including those listed above;
- (5.) Assume all risks associated with Services;
- (6.) Specifically authorize My Jasper Nanny to: (a) Care for the child(ren) listed above in my absence on the Hotel's premises, including my guest room or on other areas of the premises as indicated above; (b) conduct activities with my child(ren) as indicated above; (c) Administer medications, supplements or other substances listed above in accordance with my instructions and to otherwise take any actions described in this form; (d) Take those steps that it considers reasonable and necessary for the welfare of my child(ren), including transporting them for treatment to the local emergency facility if there is an injury or illness requiring same.
- (7.) I waive and discharge all claims, suits, losses, damages, liabilities, and causes of action ("Claims") I may have or incur against My Jasper Nanny Inc., the Hotel, Fairmont Hotels Inc. and their affiliated, parent and subsidiary entities, and all of the foregoing's officers, directors, members, agents, successors and assigns ("Releasees") arising out or relating to the Services, and release the Releasees and agree not to bring any Claims against them arising out of the Services, including any injury to my child(ren) or any other loss my child(ren) or I may sustain as a result of such Services. This release extends to Claims or portions of Claims that may arise out of or relate to the Releasee's ordinary negligence.
- (8.) Confirm that I have read and understood this Registration Form, including the waiver and release provisions, before signing it and have provided accurate and complete information about my child(ren);
- (9.) Agree that the waiver and release described above will be binding upon my heirs, next of kin, executors, administrators and personal representatives.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
My Cell Phone Number and Hotel Room Number



\_\_\_\_\_  
Alternate Emergency Contact Phone Number (18 years old or older)



# My Jasper Nanny Registration Form

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Date:

Guest Parent/Legal Guardian:

Guest Room Number:

Services Start Time:

Services End Time:

Total Services Fees:

Optional Gratuity:

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**Total Amount:**

My Jasper Nanny Inc. provider:

Signature:

Printed Name:

**By signing below, I authorize the Total Amount to be billed to my Fairmont Jasper Park room folio:**

Guest Signature:

Guest Printed Name:

GSB:8263700.1

*Thank You!*