BABY SITTING SERVICE CONTRACT

For purpose of the Baby-sitting service, the parent/guardian of the minor(s) certifies that he/she understands and accepts the following conditions:

The line of business of “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.” is exclusively that of giving hospitality service, therefore, the baby-sitting service is given under the absolute responsibility of the parent/guardian.

The custody of a minor(s), even under normal circumstances, implies some risk, therefore, in the event of an accident or an emergency, the parent/guardian authorizes “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.” to take the actions considered more convenient without any responsibility of liability to said “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.”

The minor(s) does not suffer any illness and is not under medical of any kind.

In the case of a nursing baby, the parent/guardian will provide the baby-sitter designated by “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.” with the appropriate nourishment in enough quantity, as well as written instructions as to when to be given to the minor.

The place where the baby-sitting service of the minor will take place will be limited to the room that is being rented to “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.” and occupied by the parent/guardian. The baby-sitting service would take place in other hotel areas (except in pool and beach areas) through written authorization by the parent/guardian.

In the event the minor damages the furniture and/or equipment owned by “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.” the parent/guardian will pay the amount specified by “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.”

The parent/guardian will give the baby-sitter complete information as to where he/she can be located and will report any change directly to the Manager on Duty of “Fiesta Americana Grand Coral Beach Resort & Spa” y/o “Grupo Posadas, S.A.B. de C.V.”

The Baby-sitting service is charged per hour and the rate is given based on the number of minors, as a maximum 2 minors are allowed per baby-sitter. One child at the rate of $20 usd per hour, two children at the rate of $30 usd per hour, is understood that all children will have to be on the same location as the sitter, payment must be given to the sitter in cash, addition the parent/guardian will cover to pay the amount of $10 USD as baby-sitter’s transportation cost before 23:00 hrs or $15 USD after 23:00 hrs.

The payment of baby-sitting service must be paid directly to the baby-sitter and cannot be charged to the parent/guardian’s folio.

In the case of cancellation, the parent/guardian should inform to Concierge Desk 6 hours before the programmed service. In the case of cancellation on December 24th and December 31st, the parent/guardian should inform to Concierge Desk 24 hours before the programmed service.

In the case of any eventuality precluding the parent/guardian of arriving at the established designated time of conclusion of the service he/she accepts the responsibility of payment of any additional charges resulting from the delay.

PARENT/GUARDIAN NAME: ___________________________________ 

ROOM No.: ______________

DATE: ________________

DATE OF THE SERVICE: __________________

BABY-SITTER NAME: ____________________________

SIGNATURE OF ACCEPTANCE: ______________________

__________________________
THE PATERN/GUARDIAN
PARENT OR GUARDIAN NAME: ___________________________  ROOM No.: __________

SERVICE DATE: ___________________________  FROM: ________________ Hrs.  TO: ________________ Hrs.

NAME OF THE PLACE & TELEPHONE NUMBER WHERE THE PARENT OR GUARDIAN WILL BE LOCATED:

____________________________________________________

MINORS No. ___________________________

MINOR (S) NAME, MINOR (S) AGE AND MINOR (S) BLOOD TYPE:
MINOR 1) ____________________________________________
MINOR 2) ____________________________________________

MINOR (S) HAS TAKEN ANY MEDICINE IN THE LAST 3 DAYS:

[ ] NO  [ ] YES  MINOR NAME: ___________________________
MEDICINE: __________________________________________

TYPE OF ALLERGIES:

____________________________________________________

THE BABY-SITTER IS AUTHORIZED TO BE OUT OF THE ROOM WITH THE MINOR (S):

[ ] NO  [ ] YES

SPECIAL INSTRUCTIONS FROM THE PARENT OR GUARDIAN TO THE BABY-SITTER:

____________________________________________________

____________________________________________________

NOTES OF THE BABY-SITTER DURING THE SERVICE:

____________________________________________________

____________________________________________________

SIGNATURE OF ACCEPTANCE: ___________________________  NAME AND SIGNATURE: ___________________________

THE PARENT OR GUARDIAN  BABY-SITTER

NOTE: The Baby-sitter has to give this answered format to Concierge Desk at the end of the service.