

**Release, Waiver, and Indemnity and Media Release**

Participant's Last Name: _____ Participant's First Name: _____

Participant 1 DOB: _____

Participant's Last Name: _____ Participant's First Name: _____

Participant 2 DOB: _____

Participant's Last Name: _____ Participant's First Name: _____

Participant 3 DOB: _____

Participant's Last Name: _____ Participant's First Name: _____

Participant 4 DOB: _____

Participant's Last Name: _____ Participant's First Name: _____

Participant 5 DOB: _____

Parent/Guardian's Last Name: _____ **Parent/Guardian's First Name:** _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Telephone Number (____) _____

Parent/Guardian's E-mail Address: _____

Participant's Emergency Contact Name: _____

Participant's Emergency Contact Telephone Number (____) _____

I know that any kind of physical activity, including all activities at Sensory Playce (collectively, "Play") is potentially hazardous and my child should not participate unless my child is medically able. On behalf of myself and my child, I assume all risks associated with Play. Participating, or my child's participation, in Play at Sensory Playce is my voluntary act, and Sensory Playce Corporation's (herein, "Sensory Playce") permission to allow my and my child's participation in Play is sufficient consideration for this Release, Waiver and Indemnity. I intend to be legally bound, and do hereby for myself, my child, my family, my guests and invitees, my heirs, my executors and administrators agree as follows:

1. I waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of my, or my child's participation in Play at Sensory Playce against all persons, entities and agencies, including but not limited to Sensory Playce and Sensory Playce's owners, affiliates, successors, assigns, employees, and agents, even if liability may arise out of negligence or carelessness on the part of Sensory Playce or its owners, affiliates, successors, assigns, employees, and agents. Further, I release Sensory Playce from any claims or damages that may be sustained by a minor in my care or custody accompanying while at Play.
2. I assume the risk of all bodily injuries, including permanent disability, paralysis and death, resulting from my participation in Play, as well as damage to and loss of my property, including loss of use thereof and any other indirect or consequential damages, resulting directly or indirectly, wholly or in part, from my participating in Play.
3. I hereby agree to indemnify, defend, and hold Sensory Playce harmless from and against any and all claims, liabilities, losses and damages, costs, expenses (including attorney's fees) judgments and penalties arising out of my participation in Play.
4. I hereby grant Sensory Playce permission to use any and all photographs, video and other images of any kind (collectively, "Photographs") of me and my child and any other minor who accompanies me captured by Sensory Playce or its agent, employees or assigns in any Media (including print, internet, film, television and no matter how distributed or published) for any purpose, which may include, but shall not be limited to, advertising, promotion, marketing and packaging of Sensory Playce's products and services. This authorization to use Photographs may be assigned by Sensory Playce to any other party. I agree that the Photographs may be combined with other photographs, sounds, texts and graphics, and that the Photographs may be manipulated, cropped, altered or modified in Sensory Place's sole discretion. I agree not to charge a royalty or fee, and not to make any other monetary assessment against Sensory Playce from any and all liability and from any damages I may suffer as a result of the use of the Photographs. I acknowledge and agree that this Release is binding upon my heirs and assigns. I agree that this Release is irrevocable.
5. I understand The Sensory Playce utilizes security video monitoring of all activities and by entering the facility I do hereby agree to be recorded.
6. If I sign electronically, my electronic acceptance of this agreement, by e-mail acknowledgement, shall be valid and enforceable as if I were to sign the document in person.

Parent/Guardian's Signature

Date

To help in our marketing efforts we would love to know how you heard about us?
