



PLEASE CHECK ONE

Student Birthday Party Guest Open Studio Guest

Parent's Name _____

Child's Name _____ Date of Birth _____ Child's Age _____

Address _____ City _____ Zip _____

Phone _____ Cellular _____

In an emergency, notify _____

Phone _____

(Emergency Contact other than parent please. Must live in state.)

**WAIVER OF LIABILITY/ASSUMPTION OF RISK
PLEASE READ CAREFULLY**

My minor child(ren) is/are attending BUSY BODIES Planned Play and I fully recognize the fact that there is inherent risk in this type of activity and the use of its associated equipment.

In recognition of the inherent risk of this activity, I confirm that my minor child(ren) is/are physically and mentally capable of participating in the activity and/or using the equipment. I am willing and voluntarily allowing my minor child(ren) to participate and I assume all responsibility for personal injury and accidents, including death, and any expenses as a result thereof. I also assume responsibility for damage to or loss of personal property as a result of any accident that may occur.

I hereby waive any and all claims which I or my heirs, executors, successors or assigns may have against BUSY BODIES Planned Play, LLC for any and all personal injuries, accidents, illnesses or death.

I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance, or in its absence, agree to pay all costs of medical services as may be incurred on my child's behalf.

I have read and understand the foregoing acknowledgment of risk and assumption of risk and responsibility and understand that I have waived all claims against BUSY BODIES Planned Play, LLC.

Date _____ Parents Signature _____

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