



Nia'Mya's LEGO Clubhouse Photo, Video, and Liability Waiver Release

Child's Name: _____ **Child's Age:** _____
Parent/Guardian Name: _____ **Email:** _____
Phone Number: _____

Participation Acknowledgment: I understand that my child is participating in Nia'Mya's LEGO Clubhouse, a free, child-centered activity focused on creative LEGO building and inclusive play. I acknowledge that participation is voluntary.

Assumption of Risk: I understand that LEGO play may involve small pieces and active movement. I accept full responsibility for my child's participation and agree that I am aware of and accept any risks associated with normal play activities.

Liability Release: I hereby release and hold harmless Nia'Mya's LEGO Clubhouse, its organizers, volunteers, hosts, and partners from any and all claims, liabilities, or demands arising from my child's participation, except in cases of gross negligence or willful misconduct.

Photo & Video Release: I grant permission for the LEGO Clubhouse to take photographs and/or videos of my child during Clubhouse activities. I understand these images may be used for:

- Program promotion
- Social media
- Websites
- Flyers or community materials

I understand that no compensation will be provided and that my child's name will not be used without additional permission.

Check here if you DO NOT grant permission for photos/videos of your child.

Medical Authorization (Optional but Recommended): I understand that Nia'Mya's LEGO Clubhouse organizers and volunteers are not medical professionals. In the event of an illness or injury involving my child during Clubhouse activities, I authorize the organizers to provide basic first aid and to seek medical assistance or emergency treatment for my child if I cannot be reached in a timely manner. I acknowledge that I am responsible for any medical expenses incurred as a result of such treatment and release Nia'Mya's LEGO Clubhouse, its organizers, volunteers, and partners from liability related to medical care provided in good faith.

Check here to authorize medical assistance for my child.

Agreement: I have read and understand this release and agree to its terms.

Parent/Guardian Signature: _____
Printed Name: _____
Date: _____

