

MOMMY AND ME EVENT WAIVER AND RELEASE

Event Date: _____

Event Location: _____

Organization: _____

PARTICIPANT INFORMATION

Child #1 Name: _____

Child #1 Age: _____

Child #2 Name: _____

Child #2 Age: _____

Child #3 Name: _____

Child #3 Age: _____

Accompanying Adult/Caregiver Name: _____

Relationship to Child(ren): _____

Date: _____

TERMS AND CONDITIONS

1. ADULT SUPERVISION REQUIREMENT

I understand and acknowledge that:

- A responsible adult aged 18 years or older MUST accompany each child participant at all times during the event
- The accompanying adult/caregiver must remain with their child(ren) throughout the entire duration of the event
- Children will NOT be supervised by event staff and cannot be left unattended at any time

2. CAREGIVER RESPONSIBILITY

As the accompanying adult, I acknowledge that I am:

- **FULLY RESPONSIBLE** for the safety, behavior, and well-being of the child(ren) in my care
- Required to actively supervise the child(ren) at all times during the event
- Responsible for ensuring the child(ren) follow all event rules and instructions
- Liable for any damages caused by the child(ren) in my care

3. ASSUMPTION OF RISK

I understand that participation in this event involves inherent risks, including but not limited to:

- Physical injury from activities, equipment, or interaction with other participants
- Accidents that may occur despite reasonable safety precautions
- Risk of exposure to communicable diseases or illnesses

I voluntarily assume all risks associated with participation in this event.

4. RELEASE AND WAIVER

In consideration for being allowed to participate in this event, I hereby:

- **RELEASE, WAIVE, AND DISCHARGE** the event organizers, staff, volunteers, and venue from any and all claims, demands, or causes of action arising from participation in this event
- **HOLD HARMLESS** the above parties from any liability for injury, loss, or damage to person or property
- Agree that this release applies to all claims whether known or unknown, foreseen or unforeseen

5. MEDICAL EMERGENCY

I authorize event staff to seek emergency medical treatment for the child(ren) if I am temporarily unavailable, and I assume full financial responsibility for any medical costs incurred.

6. PHOTO/VIDEO CONSENT

I consent to photographs and videos being taken during the event for promotional purposes, unless I opt out below: **OPT OUT** - I do NOT consent to photos/videos of my child(ren)

7. EVENT RULES ACKNOWLEDGMENT

I agree to:

- Follow all posted rules and staff instructions
- Ensure my child(ren)'s appropriate behavior throughout the event
- Leave the event if requested due to safety concerns or rule violations

ACKNOWLEDGMENT AND SIGNATURE

I have read this waiver carefully and understand its contents. I acknowledge that I am signing this agreement freely and voluntarily, and that no representations or statements have been made to induce me to sign.

Adult/Caregiver Signature: _____ **Date:** _____

Print Name: _____

Emergency Contact: _____ **Phone:** _____

Children's Allergies/Medical Conditions:

This waiver shall be governed by the laws of Maryland. If any provision is found unenforceable, the remainder shall remain in full effect.