

Project Play Field Trip Waiver

One per student

Student Information

Students Full Name: _____

Students Grade Level: _____

Guardians Name: _____

Address: _____

Email: _____ Phone: _____

In Consideration of being allowed to enter the play area and/or participate in any party and/or program and/or field trip at Project Play Professional Corporation, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions: I represent that I am the parent or legal guardian of the participant(s) named above, or I have obtained permission from the parent/legal guardian of the participant(s) named above to execute this agreement on their behalf. I agree that the participant(s) named above and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Project Play Discovery Museum. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Project Play Discovery Museum employee or official immediately. I understand that I am responsible for my child's safety and behavior at all times each visit. I am aware that there are inherent risks associated with participation in Project Play Discovery Museum parties and I, on behalf of myself and the participant(s) named on the reverse, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and, I, for myself and the participant(s) named above, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Project Play Professional Corporation, and Project Play Discovery Museum management, their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Project Play Discovery Museum programs, activities, parties, and the use of the play area.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Photo Release Form for Minors: Project Play Professional Corporation has my permission to use my or my child's photograph publicly to promote the Project Play Discovery Museum. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date: _____