



## Waiver of Liability

In consideration of my child being given the opportunity to participate in the Funky Fish Kids Day, Inc program, I hereby as follows:

1. I am aware of the skills needed for, and recognize the risks of injury or harm that may occur to my child as a result of, my child's participation in the Funky Fish Kids Day, Inc program. I assume such risks on my own for myself and my child as a condition of my child being permitted to participate in the Funky Fish Kids Day, Inc program.
2. For my child and for myself and for child's heirs, successors and assigns, I hereby release and forever discharge Funky Fish Kids Day, Inc and it's affiliates, their respective officers, directors, shareholders, agents, employees, successors and assigns from any and all actions, costs, suits, demands, claims, damages, losses and liabilities (including reasonable attorney's fees) of any type or kind whatsoever arising out of or caused by my child's participation in Funky Fish Kids Day, Inc program.
3. I hereby agree to indemnify, defend and hold harmless Funky Fish Kids Day, Inc and it's affiliates, their respective officers, directors, shareholders, agents, employees, successors and assigns from any and all actions, costs, suits, demands, claims, damages, losses and liabilities (including reasonable attorney's fees) of any type or kind whatsoever arising out of or caused by my child's participation in Funky Fish Kids Day, Inc program.
4. Any photographs or video footage or voice recordings taken during the event may be used for publicity, program communication, marketing or other information sharing purposes including placement on the Funky Fish Kids Day, Inc. websites, and in newspapers and other community publications. Said photographs or recordings may be used singularly or in conjunction with other photograph or recordings. I freely give my consent and acknowledge that there is no compensation related to the use of said photographs or videos.

Location: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

E-mail address\* : \_\_\_\_\_

Emergency Contact Phone # : \_\_\_\_\_

Address: \_\_\_\_\_ City State, Zip: \_\_\_\_\_

Medical Conditions or needs you want us to know about: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_