



Play Action Parties
Professional Event Childcare
Phone: (626)825-7629
www.playactionparties.com



BMM Convention 2015, Los Angeles
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<http://bmm2015.org>

PARENT CONSENT/LIABILITY WAIVER FORM

- Attendee's first and last names:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

- Please list only those allowed to check out the above Attendees from the Play Action Parties teen lounge and children's program (please list first and last names; photo ID may be required when checking out children):

Name _____

Relationship to child(ren) _____

Name _____

Relationship to child(ren) _____

Name _____

Relationship to child(ren) _____

Note: Play Action staff does not administer or assist in the administration of any medications.

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) Bruhan Maharashtra Mandal, Play Action Parties and its sub vendors, officers, clients, agents and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees) of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of Bruhan Maharashtra Mandal, Play Action Parties or its sub vendors, officers, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract.

I give permission to Play Action Parties to take photographs of me or my children while participating in this activity for use in future publicity and understand that I will not receive any compensation for such use. I certify that I have read and understand this waiver and release as it applies to myself and to any minors for whom I am signing.

Signature: _____

Date: _____

Parent/Guardian Name _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ E-mail: _____

Play Action Parties reserves the right to limit participation of any child whose presence or behavior may disrupt the program or endanger the health or safety of others.