



**Georgetown Square
6746 E State Boulevard
Fort Wayne, IN 46815
(260) 444-6009**

Waiver Agreement

I/We understand and acknowledge that playing and/or riding on an amusement device entails both known and unknown risks including, but not limited to, physical injury from falling, slipping, crashing or colliding, emotional injury, paralysis, distress, damage, or death to any participant. I hereby voluntarily and expressly release, indemnify, forever discharge and hold harmless Sensory Fun and Playroom, or anyone affiliated or acting on behalf of Sensory Fun and Playroom, from all liability, claims, demands, causes or rights of action whether personal or to a third party, which are in any way connected with participation in this facility, including those allegedly attributable to negligent acts or omissions.

Should Sensory Fun and Playroom, or anyone acting on behalf including but not limited to employees, staff, or volunteers of Sensory Fun and Playroom, be required to incur attorney's fees and costs to enforce this agreement, I expressly agree to indemnify and hold harmless Sensory Fun and Playroom for all such fees and costs. In the event I/We or any of my participants file a lawsuit against Sensory Fun and Playroom, or anyone acting on behalf of Sensory Fun and Playroom, it is agreed to do so solely in the state of Indiana I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. In consideration of being permitted by Sensory Fun and Playroom, or to use its equipment and facilities: caregivers, need to be at least 18 or older to accompany all or individual children into the facility.

I/We and its participants agree to indemnify and hold harmless, Sensory Fun and Playroom, or anyone acting on behalf including but not limited to employees, staff, volunteers of Sensory Fun and Playroom, from any and all claims which are brought by I/We and or their participants and which are in any way connected with such use or participation.

Safety rules and instructions are displayed on unit(s) and have been provided to I/We which I agree to follow and utilize at all times during operation and use of the unit(s) or have been provided to I/We which I agree to follow and utilize at all times during operation and use of the unit(s). I/We understand that Child/children should not be left unattended or unsupervised in the gym at any time. I/We acknowledge and certify that I have had sufficient opportunity to read the entire Waiver and Acknowledgement risks, which I/We understand it's content and that I execute it freely without duress of any kind, agree to the terms herein stated. **Everyone must remove their shoes** when entering the playroom. **No Food or Drinks Allowed.** All personal property such as but not limited to coats, diaper bags, or backpacks are the responsibility of participants. Sensory Fun and Playroom will not be held responsible for items left unattended, lost, or stolen. _____

**This must be signed and dated for consent for any child or individual attending Sensory Fun and Playroom.
(Expires 30 days from the Date listed on this Waiver)**

Why are you in the playroom today? Playdate/Group Temporary Child-care Party Field Trip Open House

Class Open Gym Therapy Session/Consultation Monthly Membership 6 Month Membership Yearly Membership Camp

Does your child have a diagnosis? If so, could you let us know _____

Does your child have an IEP or other documentation to show diagnosis? (Circle) Yes or No

Ethnicity of child _____ Gender (Circle) Boy or Girl

Do you live in Fort Wayne or a surrounding county? Please tell us what county and state _____

In observance of **COVID-19** we ask that you practice social distancing by remaining 6 ft. from each family, although it is optional for children or caregivers to wear a face covering. If you do not have one, we have made them available. Foot covering is also available if you are without. This helps to keep the facility clean and sanitary. Surfaces are cleaned and sanitized regularly and on a daily basis. This releases Sensory Fun and Playroom, or anyone acting on behalf including but not limited to employees, staff, or volunteers of Sensory Fun and Playroom and Abundant Life Church from any and all claims of **COVID-19** exposure, which are brought by I/We and or their participants and which are in any way connected with such use or participation.

Please Initial that you have read and understand: _____

Photo Release

I hereby grant and authorize Sensory Fun and Playroom, employees or staff, volunteers, or anyone acting on behalf the right to take, edit, alter, copy, exhibit, publish and make use of any and all images, pictures, or video taken in this facility, to be used in and/or advertisements, fundraising letters, reports, press release, publications, subscriptions, to journalize, websites, social networking, social media, and other public, and digital communications without payment any other consideration. This authorization extends to all languages, media, formats, and marketing now known or hereafter devised. This authorization shall confirm indirectly, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Sensory Fun and Playroom, staff, employee, or volunteer, and will not be returned.

I hereby hold harmless, and release Sensory Fun and Playroom, staff, employee, or volunteer from liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am of the age of consent (18 or older) and that I am competent and consenting contract in my own name. I have read the release before signing below and I fully understand its contents, meaning, and impact of this release. _____

Name: _____ Child's Name _____ Date: _____
Name: _____ Child's Name _____ Date: _____
Name: _____ Child's Name _____ Date: _____
Name: _____ Child's Name _____ Date: _____
Name: _____ Child's Name _____ Date: _____

Organization Name: _____ Date _____

Email _____

(Signature)

(Date)