



## LIABILITY WAIVER & PHOTO RELEASE

Please fill out Liability Waiver completely. One form per child.

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FOOD ALLERGIES/DIETARY RESTRICTIONS: \_\_\_\_\_

OTHER RESTRICTIONS: \_\_\_\_\_

EMERGENCY CONTACT (other than parent): \_\_\_\_\_

PHONE #: \_\_\_\_\_

MEDICAL CONDITION(S) TO BE AWARE OF: \_\_\_\_\_

I, (name) \_\_\_\_\_, hereby give permission for (child's name) \_\_\_\_\_ to participate at Garden Explorer's Club by Kindred Gardens & Gifts. Further, I authorize the Kindred Gardens Staff to contact emergency personnel if any injury or emergency may occur, and qualified personnel may perform emergency treatment if they judge as necessary. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. By execution of this agreement my child and I acknowledge that the Kindred Gardens staff members will not be held accountable for injury, death, property damage, lost items, or any other damages that may occur at Kid's Garden Club by Kindred Gardens & Gifts. I understand this informed consent form and agree to its conditions. I also give Kindred Gardens & Gifts permission to use pictures of my child in any form of advertisement including print, brochure, website, newsletter, etc.

\_\_\_\_\_  
Parent/Guardian Signature Date

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

\_\_\_\_\_  
KIDS CLUB ADMINISTRATIVE STAFF USE ONLY:

Registration Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_