

**Liability & Release Form
2009/2010**



Child's Name : _____DOB_____

Please **Initial** the following and sign and date below as a condition of participation:

__ In consideration for my child named above being allowed to participate in Stretch The Imagination programs both in and out of it's studio building, I as a parent or guardian waive and release and hold harmless Stretch The Imagination, its owners, officers, employees and agents from any liability, claims, demands and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child and or the undersigned while in or upon premises or any premises under control of Stretch The Imagination, it's owners, officers, employees, or agents.

__ TRAVELING OFF SITE: From time to time, Stretch The Imagination may plan a field trip for children. This authorization includes field trips and other activities away from the studio building by my child. I understand that I will be notified in advance of all field trips and that use of public transportation is permitted. I also understand that a parent chaperone will accompany field trips.

__MEDICAL RELEASE: As my child's legal guardian, I hereby give Stretch the Imagination and the employees thereof, permission to obtain medical treatment for my child, I am responsible for the payment of all costs of medical treatment. I authorize personal information needed for the treatment of my child to be released to medical/hospital personnel.

__MEDIA/MARKETNG RELEASE: [] I authorize *Stretch the Imagination* to include/publish photos/videos/audio of my child in the following:

- [] *Stretch the Imagination* website
- [] Parent secure website
- [] *Stretch the Imagination* advertising
- [] Curriculum materials
- [] Documentation of classroom projects.

I authorize *Stretch the Imagination* to include my child's name, phone number, and family email address in a roster that will be distributed only to fellow classmates and will be available on our secure, parent website.

__SUNSCREEN RELEASE As the parent/guardian of the child listed above, I give permission for staff at Stretch the Imagination to apply a sunscreen product of 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities. I am aware of possibility of allergic reactions to products such as sunscreen. I am also aware of the possible skin problems that can result from failure to use sunscreen when outdoors

Parent/ Guardian _____ **Date:** _____

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.