

Child's Name _____



KIDS EMERGENCY RELEASE AND ACKNOWLEDGMENT FORM

Date Signed: _____

We appreciate the opportunity to provide a technology experience for your child. Please note that this is a class area and not a child care or day care center. For the courtesy and welfare of your child and others, please review our rules, completely fill out and sign the registration form.

1. Each child must be registered by a parent/guardian.
2. The parent/guardian that registers the child **MUST** be the same parent/guardian that picks up the child. This is for your child's safety and protection. If another adult will be picking up/dropping off the child, the parent must sign that they are authorizing this.
3. Staff may not administer any medication to any child.
4. Children must be self-sufficient. Children with special needs must be accompanied by an adult.
5. Participation in technology classes are at your own risk and liability. Kid's Innovation Playground, Giraffe Perspective LLC, their agents, employees, and management cannot accept liability for any injury or damages that you or your child may suffer related to the class area. Any personal belongings, which enter the class area, are the responsibility of the parent/guardian.
6. If an emergency or illness occurs while attending a class at KiP, and the staff determines that the situation is life threatening or potentially hazardous to your child, your child's health, other children or any property, we may escort the child from the premises of KiP. We may, at that time, request any personal, governmental or professional assistance which we deem necessary to protect the welfare of the child.

I have read, understand, and agree to abide by the rules stated above. I understand that my child is here at my own risk and liability. I agree that neither I nor my child will bring any claims of any kind or nature against Kid's Innovation Playground, Giraffe Perspective LLC, their agents, employees, and management as a result of injuries, illness, expenses, or damages that I or my child may suffer which are in any way related to use of the class area or any form or object of entertainment offered in the class area, whether such claims are known, unknown, or arise in the future.

Parent/Guardian Name _____ Phone # _____

Work Phone # _____ Cell Phone # _____

Alternate Contact Person _____ Phone # _____

Child's Name _____

Child's Physician _____ Phone # _____

Preferred Hospital _____ Phone # _____

Adult authorized for pick up/drop-off of child _____

Do you allow your child to be photographed and presented without ID on Facebook and other promotions?
YES or NO

Parent/Guardian Signature _____