



## LIABILITY WAIVER

In consideration of being permitted by Integrated Autism Therapies Sensory Gym to participate in activities and use Integrated Autism Therapies Sensory Gym equipment and facilities, now and in the future, I \_\_\_\_\_ (Print name), hereby grant permission to allow all children named below to participate in all activities at this Integrated Autism Therapies Sensory Gym location and agree to all terms of this liability waiver.

I understand and acknowledge that the activity the child(ren) are about to voluntarily engage in as a participant bears certain known risks that cannot be eliminated without jeopardizing the essential qualities of the activity. The operator(s) have advised me of the proper use and possible hazards of the activities; the child(ren) and I are solely responsible for deciding whether or not to participate or to rely upon any instructions, advice, or information regarding the activities. I am solely responsible for the decision to allow the child(ren) to participate and use the structures/equipment.

- I certify that, to the best of my knowledge, the children listed below do not have a health condition that would make it inadvisable to participate in the activity or use of the equipment/structures.
- **I acknowledge that all children listed below are REQUIRED to wear socks while they are participating in the Integrated Autism Therapies Gym play space \_\_\_\_\_ (Initial Here).**
- In consideration of not being required to sign a new copy of this agreement before each visit, I further agree that this agreement will apply to all future visits of the child(ren) to this Integrated Autism Therapies Sensory Gym location for a period of (12) months from the date I have signed this agreement.
- By signing below, I also acknowledge that Integrated Autism Therapies Sensory Gym is not a licensed daycare facility.

### Photo/Video Release:

I hereby give my consent to Integrated Autism Therapies Sensory Gym to photograph, film, videotape and then use, reproduce and publish said images of me and/or the children listed below. I agree that photographs, films, or videotapes thereof shall constitute the sole property of Integrated Autism Therapies Sensory Gym with full right of disposition in any manner whatsoever. I hereby release Integrated Autism Therapies and their legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, and/or publication of the images thereof. **If you do not consent to the photo/video release, please initial here \_\_\_\_\_.**

I understand that users of Integrated Autism Therapies Sensory Gym are expected to be respectful of other participants, staff, facilities, and equipment. Anyone who is discourteous, damages property, or fails to follow directions of staff members may be asked to leave and/or may be prohibited from using Integrated Autism Therapies' facilities in the future.

I hereby release and waive, any and all claims, known and unknown, that the child(ren) or I may now or later have against Integrated Autism Therapies Sensory Gym, its members, officers, instructors, operators, agents, structures/equipment or the facility, for liability for direct, indirect, vicarious, punitive, and any other damage whether such party was informed or was aware of the possibility of such loss or damage

By signing this liability waiver, I acknowledge that I am of legal age and mental competence to knowingly give this acknowledgement and release which shall legally bind me and the child(ren) and our personal representatives, executors, heirs, and assigns.

\_\_\_\_\_  
Parent/Guardian Name (Print)                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Phone Number                      Email Address                      Zip Code

### Children's Information:

\_\_\_\_\_  
Child Name (Print)                      Date of Birth

\_\_\_\_\_  
Child Name (Print)                      Date of Birth

\_\_\_\_\_  
Child Name (Print)                      Date of Birth