

Discovery Place Learning Center, LLC
Emergency Contact Form

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Address: _____

Parent/Guardian 1's Name and Daytime Location:	Parent/Guardian 2's Name and Daytime Location:
_____	_____
_____	_____
_____	_____

Home _____	Work _____	Cell _____
Home _____	Work _____	Cell _____

In case of emergency and a parent cannot be reached, please contact:

1. _____ Contact # _____

2. _____ Contact # _____

Important Medical Information: _____

Allergies: (do not leave blank) _____

In the event your child needs immediate medical care, which hospital do you prefer? _____

In the event that my child requires emergency care and a parent or emergency contact cannot be reached, I designate the administration of Discovery Place Learning Center to be responsible for making medical decisions regarding my child.

Child's Physician and Contact Information: _____

I understand that it is my/our responsibility to keep the owners of the learning center informed of any changes to our child's medical or emergency contact / pick-up information. The center cannot be held liable for any ill effects from our omission of pertinent information.

_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date

Please list any other individuals who have permission to pick your child up from the learning center. Photo ID will be necessary before your child will be released to anyone on this list who is not known to the staff to be the person listed.

1. _____ Contact # _____

2. _____ Contact # _____

PERMISSION TO BE PHOTOGRAPHED (Please check one)

YES / NO I give permission for my child to be photographed throughout the school year for internal school use.

YES / NO I authorize my child's photograph to be used in newsletters, posters, advertisements and social media
(Your child's name will never be associated with their picture for safety assurance)

_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date

DISCOVERY PLACE LEARNING CENTER, LLC
Waiver of Liability

Parent's Name _____

Child's Name _____

As the parent/legal guardian, or adult entrusted to care, of a participant, I recognize that possible injury, including but not limited to paralysis, death, emotional distress, monetary loss, or other damage to myself, to property, or to third parties can occur in sports or activities involving height or motion, including but not limited to, gymnastics, tumbling, martial arts, rock climbing, ball sports, dancing and general exercise (hereinafter referred to as the "Program"). Being fully aware of these dangers, I voluntarily consent to my child participating in the Program and any and all Discovery Place Learning Center, LLC activities and I accept all risks associated with that participation. I also certify that my child has received a physical examination by a licensed physician and has been found to be physically capable of participating in the Program. I further certify that I have advised Discovery Place Learning Center, LLC staff in writing of any special needs of my child or any activities from which my child should be restricted. In consideration for allowing my child to use these facilities and participate in the Program, I, on my own behalf and the behalf of my child and his/her respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Discovery Place Learning Center, LLC, its officers, directors, shareholders, employees, agents and other related parties from the responsibility or liability for any and all claims, demands, losses or damage to property, arising out of participation in the Program or related activities. I expressly agree and promise to accept and assume all of the risks existing in these activities as outlined above on behalf of myself and my child. I further agree to indemnify and hold harmless Discovery Place Learning Center, LLC, its officers, directors, shareholders, employees, agents and other related parties from any claim or demand on account of injury or damage suffered as a result of participation in the Program and related activities.

I understand that this Waiver of Liability includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part, by the negligence of Discovery Place Learning Center, LLC, its officers, directors, shareholders, employees, agents and other related parties.

Authorization of Medical Care-In case of injury or illness during participation, I would like my child to receive reasonably appropriate emergency medical care, including hospital care if necessary, and I hold Discovery Place Learning Center, LLC, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible medical expenses that may be incurred by my child as a result of any injury sustained while participating in the Program.

Photographs and Statements-I authorize use of my own and my child's visual image and statements in newsletters, posters, and other advertising.

Valid Dates-These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at Discovery Place Learning Center, LLC.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my child's participation in the Program or related activities, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Discovery Place Learning Center, LLC on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Parent Signature _____

Date _____