



Liability & Release Form

Today's Date: _____

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 its 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, its 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 qualified teacher and in most cases 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/MARKETING RELEASE: I authorize *Stretch the Imagination* to include/publish photos/videos/audio of my child in all documentation, classroom projects, curriculum materials and on password protected website. I understand that documentation will be posted in the facility, used for enrichment presentations and featured during preschool open house events for interested families. Documentation is guiding principle within our philosophy and core aspect of the communication we offer for our community of students and families.

___ I understand that Stretch the Imagination will include my child's name, phone number and family email address in the roster that will be distributed only to Stretch parents and will be available on our secure parent website

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.