

Boston Sensory Solutions, LLC Waiver

I am the Parent or Legal Guardian of:

Child #1: Name- _____ Date of birth _____

Child #2: Name- _____ Date of birth _____

Child # 3: Name- _____ Date of birth _____

Child #4: Name- _____ Date of birth _____

Parent/ Legal Guardian Full Name: _____

Email Address: _____

Home Address: _____

Telephone #: _____

Waiver:

In consideration of being allowed to enter into the play area and/or participate in any parties, classes or programs at the Boston Sensory solutions, LLC location, I, on my own behalf and on behalf of the minor(s) identified above, acknowledge, appreciate and agree that: I, as the parent/legal guardian, or adult entrusted to care, assume full responsibility for all participants listed above. I willingly agree to comply with the stated and customary terms, rules and conditions for participation. I recognize that the risk of possible injury, including but not limited to the potential for paralysis, death, emotional distress, monetary loss, or other damage to myself, or the and the above listed participants under my care, to property, or to third parties can occur in activities involving height or motion, including participation in and/or use of Boston Sensory Solutions, LLC parties, classes, programs and equipment. While particular rules, equipment and personal discipline reduce the risk, the risk does exist; and I knowingly and freely assume all risks to myself and the above participants, both known and unknown, even if arising from the negligence of other participants. Being fully aware of these dangers, I voluntarily consent to myself, the above listed minor(s) in my care participating in and using the Boston Sensory Solutions, LLC equipment, parties, classes and programs.

I certify that the participant(s) named above is(are) of physical ability to safely participate in any of the facility's activities without risk of injury to him/herself or other participants. In addition, if I observe any hazard, I will bring it to the attention of the nearest Boston Sensory Solutions, LLC representative immediately. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the above participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless any Boston Sensory Solutions, LLC staff and their officers, agents, employees, other participants with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and by signing or clicking Submit for my children, for all participants in my care and/or my spouse.

I also agree to the above conditions, should I decide to participate. I understand that this waiver will be valid and in force for a period of one year from today's date. I agree that any dispute will be settled by arbitration. In the event that I file an arbitration against Boston Sensory Solutions, LLC, I agree that if any portion of this waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my participant's participation in the programs or parties at Boston Sensory Solutions, LLC, I may be found to have waived my or the minor participant's right to maintain a lawsuit against Boston Sensory Solutions, LLC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent/ Legal Guardian Signature

Date Signed