



AUTHORIZATION, **RELEASE** AND WAIVER OF LIABILITY AGREEMENT

6/02/09

****Please list all children who will be playing on TASH Playground****

First Child's Name: _____ Date of Birth: _____ Age: _____
 Second Child's Name: _____ Date of Birth: _____ Age: _____
 Third Child's Name: _____ Date of Birth: _____ Age: _____
 Fourth Child's Name: _____ Date of Birth: _____ Age: _____

Name and Address of Parent or Legal Guardian of Child(ren):

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Mailing address if different: _____ City: _____ State: _____ Zip: _____
 Phone: (home) _____; (work) _____; (cell) _____
 Email Address: _____

I, _____ (name of Child(ren)'s parent or legal guardian) for myself and for my child(ren) agree to all of the following:

- I wish for my child(ren) to play on The Autism Sunshine House, Inc. **Playground**.
- I realize that I will have to be present while my child(ren) actively participate in their activities while they are at The Autism Sunshine House, Inc. **Playground**, or that (subject to the consent of The Autism Sunshine House, Inc. **Playground**) I understand that young children may get hurt while playing with other children and while engaging in physical activities, and that there is a risk of property damage, serious injury, or death inherent in my child participating in The Autism Sunshine House, Inc. **Playground**. I also understand that there are risks inherent in any physical activity program, including the use of equipment such as those provided for use at The Autism Sunshine House, Inc. **Playground**, which may or may not be obvious and which may pose serious threats to any person if used improperly. I acknowledge that the equipment at The Autism Sunshine House, Inc. **Playground** is designed for use by young children, adolescents, teens and adults. Although I understand that The Autism Sunshine House, Inc. **Playground** has attempted to create a injury free play area for my child(ren), a child needs constant attention, and I agree to be either personally responsible for providing that attention, or to appoint another caregiver to provide that attention.
- In the event my child(ren) becomes injured or sick while participating in *The Autism Sunshine House, Inc.* activities, I hereby consent to The Autism Sunshine House, Inc. **Playground** staff providing First Aid as well as summoning medical professionals to administer First Aid or emergency medical treatment for my child(ren).
- I agree to follow any instructions or rules established by The Autism Sunshine House, Inc. **Playground** with regard to my child(ren)'s activities, whether written or orally given by The Autism Sunshine House, Inc. **Playground** personnel, including but not limited to the attached Rules and Regulations. I understand and agree that at any time, The Autism Sunshine House, Inc. **Playground** reserves the right to require me to remove my child(ren) from any activity for any reason.
- I agree not to hold *The Autism Sunshine House, Inc.* responsible for any injuries suffered by my child(ren) while involved in activities at *The Autism Sunshine House, Inc.* .
- I agree to **RELEASE**, DISCHARGE, INDEMNIFY, PROMISE NOT TO SUE AND TO SAVE AND HOLD HARMLESS *The Autism Sunshine House, Inc.* , its owners, officers, directors and employees, from any loss, liability, damage, or costs whatsoever arising out of or related to any loss, damage, or injury (including death) to me or my child(ren) arising out of or in anyway connected with participation in the activities of *The Autism Sunshine House, Inc.* for any reason or cause.



I HAVE READ THIS DOCUMENT AND AGREE TO ALL OF ITS TERMS. I UNDERSTAND IT IS A LEGALLY BINDING AGREEMENT AND WAIVES CERTAIN LEGAL RIGHTS OF MINE, INCLUDING, BUT NOT LIMITED TO A **RELEASE**, WAIVER, PROMISE NOT TO SUE AND A HOLD HARMLESS FOR ALL CLAIMS. THIS AGREEMENT SHALL BE BINDING UPON MYSELF, MY CHILD(REN), AND OUR ESTATE, SUCCESSORS AND ASSIGNS.

SIGNATURE

DATE

Print Name

DATE