



LIABILITY WAIVER

In consideration of being permitted by No Boundaries Sensory Gym (an entity of Bern Baby Outfitters Inc.) to participate in activities and to use No Boundaries 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 No Boundaries 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 No Boundaries Sensory Gym playspace _____ (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 No Boundaries Sensory Gym location for a period of (12) months from the date I have signed this agreement.
- By signing below, I also acknowledge that No Boundaries Sensory Gym is not a licensed daycare facility

Photo/Video Release:

I hereby give my consent to No Boundaries Sensory Gym and Bern Baby Outfitters Inc. 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 No Boundaries Sensory Gym and Bern Baby Outfitters Inc. with full right of disposition in any manner whatsoever. I hereby release No Boundaries Sensory Gym and Bern Baby Outfitters Inc. 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 hereby release and waive, any and all claims, known and unknown, that the child(ren) or I may now or later have against No Boundaries Sensory Gym (an entity of Bern Baby Outfitters Inc.), it's members, officers, instructors, operators, agents, or representatives related to any act, omission, statement, or occurrence during or related to the use of the 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