



PLAYTIME ENTERTAINMENT INC. CONSENT OF PARENT OR GAURDIAN TO PARTICIPATE IN THE DROP 'N GO PROGRAM AND "WAIVER OF LIABILITY"

1. Playtime Entertainment Inc. will make every reasonable effort to ascertain that:
 - a) The supervisors and staff of the Service Provider are fully trained and qualified.
 - b) The children who undertake the program or activities will be adequately supervised.
 - c) The location and facility meet the applicable health and safety standards.
 - d) Any equipment made available by the service provider or used in the activity has been inspected and is deemed to be appropriate, safe and well maintained.
 - e) The location where the activity will take place is appropriate and safe.
 2. I am satisfied that I have been informed of my right to obtain as much information about this program as I feel necessary, including information beyond that provided to me by the staff at Playtime Entertainment Inc. respecting the nature and extent of the risks and hazards associated with the program.
 3. I freely and voluntarily acknowledge the risks and hazards inherent in the nature of the program and understand and acknowledge that my child, as a participant, could suffer personal and potentially serious injury due to an unforeseeable event.
 4. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the staff at Playtime Entertainment Inc. as imposed on children while participating in the program. This shall include his/her participation in all of the activities and meet all prerequisite prior to his/her participation in the program.
 5. I acknowledge that if my child fails to abide by the rules and regulations imposed on while participating in the program, he or she will be subject to disciplinary action, which would include in his or her being excluded from participation in the program, being sent home at the cost of the parent or guardian or by being contacted to have him or her picked up.
 6. I acknowledge that it is my responsibility to advise Playtime Entertainment Inc. of any medical or health concerns of my child, which may affect his/her participation in this stated program.
 7. I acknowledge there will be no transportation.
 8. I accept that Playtime Entertainment Inc, through its employees, agents and officers at Playtime may secure such medical advice and services as though individuals, and sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
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Contact Name: _____

Contact Phone Number: _____

Alternate Phone Number: _____

Address: _____

Alternate Pick-up Contact Name: _____

Alternate Pick-Up Contact Phone Number: _____

Address: _____

1. Childs Name: _____

Age: _____ Gender: _____

2. Childs Name: _____

Age: _____ Gender: _____

3. Childs Name: _____

Age: _____ Gender: _____

4. Childs Name: _____

Age: _____ Gender: _____

Allergies or other Comments:

Drop-Off Time: _____

Pick-up Time: _____

Parent Signature: _____

Playtime Signature: _____