



## Liability Release

This release is made to allow my child to participate in the Mad Science program. I recognize that my signature on this release is a condition of your permitting my child to participate. I certify that my child is in excellent health and may participate in the activities of the program without limitation. I hereby grant Mad Science permission to use photos of my child for website marketing purposes. My email may be used to notify me of changes to current programming as well as upcoming events. I realize that every precaution is taken to eliminate any hazards, however, in the event of any injury to my child, permission is granted for my child to receive emergency treatment if needed. I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the employees of, the Mad Science of South Orange County.

We should be aware of the following health concerns, allergies, or any other accommodation needed:

Child's Name: \_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_

City: \_\_\_\_\_

In the event of an emergency, I can be reached at the following telephone numbers.

( ) \_\_\_\_\_

( ) \_\_\_\_\_