

# PARENTAL WAIVER

## Assumption of Risk and Release

I, [Parent/Guardian's Name], hereby acknowledge and agree, on my own behalf and on behalf of my child, [Child's Name], to the terms outlined in this waiver and release for participation in the Nature Sensory Play organized by Bloom Nature Play.

**1. Acknowledgment of Risks:**

I understand that Bloom Nature Play involves various sensory materials, such as chai seeds, water, playdough with spices/herbs and/or nature powders, gelatin, edible flowers, citrus fruits, ice cubes, chickpea water, natural food dye, natural nature materials, chamomile, yogurt (Greek), herbs, spices, dried flowers, and edible flowers. I acknowledge that these materials may have inherent risks, and my child may come into contact with them during the sensory play session. I am aware that Bloom Nature Play is designed for children ages 6 months to 6 years and that age-appropriate safety measures will be in place.

**2. Voluntary Participation:**

I affirm that my child's participation in the Bloom Nature Play is voluntary, and I have made an informed decision to allow them to engage in the activities provided. I understand that I have the right to withdraw my child from the sensory play session at any time if I feel it is necessary.

**3. Assumption of Responsibility:**

I take full responsibility for supervising my child throughout the duration of the Bloom Nature Play. I understand that I am solely responsible for ensuring my child's safety and well-being during the event. I will closely monitor my child's interaction with the sensory materials to minimize any potential risks.

**4. Release of Liability:**

In consideration for allowing my child to participate in the Bloom Nature Play, I hereby release and discharge Bloom Nature Play, its employees, volunteers, program sponsors, suppliers, and their respective officers, directors, employees, agents, and exhibitors (collectively, "we" or "us") from any and all liabilities, claims, damages, or demands arising from or related to my child's participation, except to the extent of any legal cause directly resulting from our wrongful or negligent conduct not contributed to by my own or my child's conduct.

**5. Medical Emergencies:**

I understand that Bloom Nature Play will make every effort to provide a safe environment during the sensory play session. However, in the event of a medical emergency, I authorize Bloom Nature Play and its staff to seek appropriate medical attention for my child if deemed necessary. I will be responsible for any associated medical expenses.

**6. Photography and Publicity:**

I grant permission to Bloom Nature Play to use photographs or videos of my child taken during the Bloom Nature Play for promotional purposes, including but not limited to websites, social media, and marketing materials.

By signing below, I acknowledge that I have read and understood this waiver and release, and I voluntarily agree to its terms.

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_