

PARENTAL/LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name _____ DOB _____ M F

Parent/Guardian's name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

I, _____ grant permission for my child, _____ to participate in the Kid Chemist Activities event that requires the use of chemicals for child experiments. This activity will take place under the guidance and direction of employees and/or volunteers from Kid Chemist.

A brief description of the activity follows:

Δ Hands-on Science Experiments and Activities

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Kid Chemist activities.

I understand that there are possible risks of injury in the Kid Chemist Activities, as well as in chemicals and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated activities and that my child is healthy and has no physical or mental disabilities or conditions that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Kid Chemist, its officers, directors, employees and agents, associated with the event for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. (participant)

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Kid Chemist, its officers, directors, employees and agents, associated with the event, from any claim arising from or in connection with my child attending or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Kid Chemist, its officers, directors and agents associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor, in the event of an emergency, if you are unable to reach me at the above numbers contact_.

Media Release: I hereby give Kid Chemist and their legal representatives and assigns, the right and permission to photograph, digitally record, videotape, or audio tape, my above named child while s/he is attending participating in any Kid Chemist classes. I further agree that any or all of the material recorded may be used, in any form, in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways, and that such use shall be without payment of fees, royalties, special credit, or other compensation. I understand that all such recordings, in whatever medium, shall remain the property of Kid Chemist.

Signature

Date