

**BUFFINI & COMPANY YOUTH PROGRAMS
CONSENT, RELEASE AND INDEMNITY FORM
(ONE FORM PER MINOR CHILD)**

Child's Name: _____

In consideration of the acceptance of my child or ward in Buffini & Company's Youth Programs hosted by Buffini & Company, I agree, on behalf of my child or ward, to assume all risks incidental thereto and on my own behalf, and on behalf of my child or ward, and on behalf of my and my child's or ward's heirs, executors, administrators, successors and assigns, release and forever discharge the Released Parties from any and all liabilities, claims, costs, damages, expenses, actions or causes of action of every kind and nature whatsoever arising out of or in any way connected with the participation of my child or ward in Buffini & Company's Youth Programs, and further indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, causes of action or expenses including but not limited to, attorneys fees and costs. The Released Parties are Buffini & Company, its agents, employees, contractors, representatives, successors, assigns, or anyone acting under or in concert with any of the above in relation to Buffini & Company's Youth Programs. I understand that this consent, release and indemnity agreement includes any claims based on the negligence, action, or inaction of any of the Released Parties and includes claims for active or passive negligence, bodily injury (including death) or property damage whether suffered by my child or ward before, during or after such participation.

If my child or ward becomes ill or sustains injuries while participating in the Youth Programs, I hereby authorize the Released Parties to administer or cause to be administered, at my cost, such first aid or other treatment as may be necessary under the circumstances including, if necessary, the transport and treatment by a physician or hospital of the Released Parties' choice.

My child or ward is currently taking the following medications and/or has the following known allergies: _____

I further grant the Released Parties the right to photograph and/or videotape my child or ward and to use my child's or ward's name, face, likeness, voice or appearance in connection with future events, publicity, advertising or promotional materials.

PARENT/GUARDIAN

(Please Print Name)

(Signature)

Date: _____

HOTEL OR LOCAL ADDRESS: _____

ROOM NUMBER: _____

MOBILE PHONE OR PAGER: _____



BUFFINI & COMPANY MASTERMIND SUMMIT™ 2010
CHILDREN'S PROGRAM CONSENT FORM

Child(ren)'s first and last names:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Parent's first and last names. *Please list only those allowed to check-out the above children from the Playtime Pros children's program. Photo ID may be required when checking out the children.

Parent Name(s) _____ Cell Phone # _____

Please list the names of any other parties (additional parent, friend) who will be permitted to pick-up child(ren) from the children's program. (Children will not be released to anyone not listed on this form.)

Are any of your children allergic to anything (foods, etc.) or taking medication? If yes, please explain.

Note: Playtime Pros staff does not administer or assist in the administration of any medications.

Do any of your children have allergies, dietary restrictions, injuries, medical conditions, or special needs?

I/We, the undersigned parent(s)/guardian(s), in consideration of our child(ren)'s participation in the Playtime Pros event named above, for ourselves, our child/ward or (children/wards), and each of our respective heirs, assigns, and next of kin, hereby release and agree to indemnify and hold harmless Marion's Childcare, Inc., Playtime Pros, their employees or agents, and/or lessors of the facility or facilities where the program will be held (collectively "the Releasees"), from any and all claims which may now or hereafter arise from our child's/ward's (or children's/ward's) participation in the Playtime Pros program, except for gross negligence or willful misconduct on the part of Marion's Childcare, Inc., Playtime Pros, or their officers, directors, employees, or agents.

I/We have read the above and understand this release. Furthermore, in the event of any emergency or health concern, **Marion's Childcare/Playtime Pros has our permission to administer first aid or obtain emergency medical treatment** in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child.

I/We, the undersigned adults, do hereby acknowledge that Marion's Childcare, Inc./Playtime Pros has the right to photograph the above-named child(ren). **I do hereby authorize Marion's Childcare, Inc./Playtime Pros to photograph or videotape the above-named child(ren) for purposes including professional publications and advertisement.** I waive the right to compensation for the disclosure I have authorized and hold Marion's Childcare, Inc./Playtime Pros and their representatives harmless from and against any claim for injury or compensation resulting from the activities authorized by this Authorization.

Parent/Guardian Name (Please Print) _____

Signature _____ Date _____

Emergency Contact (someone who is not at this location with you) _____

Emergency Contact Phone _____

Playtime Pros reserves the right to limit the participation of any child whose presence or behavior may disrupt the program, detract from the enjoyment of other children, or endanger the safety of other children or staff.