

SHINE BRIGHT WAIVER

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

All Allergies/ Medical Concerns: _____

Emergency Contact: _____ **Cell Phone#** _____

Emergency Contact: _____ **Cell Phone#** _____

Consent to Participate

I, (parent/guardian) _____ consent to (Childs/childrens names) _____ participation in all activities held at Shine Bright during all events. It is understood that there are certain risks that may result in damages or injuries during the child's participation in these activities. I, (parent/guardian) accept and assume all risks of injury or harm on behalf of my child/children associated with or resulting from participation in such activities. I certify that my child/children is fully capable of participating in all activities and has no physical or mental disabilities that would restrict his/her full participation. If the child has any restrictions please list here: _____

Waiver/Release

In consideration of the acceptance of my application for the Shine Bright Events, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which may hereafter occur to my child/children as a result of their participation in said activities/events. This release is intended to discharge in advance Shine Bright LLC, its employees and volunteers from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. In addition, I hereby for myself and my child/children, agree to hold harmless and fully indemnify Shine Bright LLC, its members, employees and volunteers from any and all liability, including attorneys' fees, for any personal injury and/or injury to any third-party child resulting from my child/childrens actions/participation in the above-mentioned activities

Photograph y/Video Release

Shine Bright, LLC maintains the right to take photographs or videos of anyone participating in Shine Bright, LLC's activities and adventures. Shine Bright, LLC has full and unrestricted publishing and use rights of these photographs and videos, including placement on Shine Bright, LLC's website and all social media accounts. If parent/guardian does not want child/children to be included in this policy, please write NO here _____.

Sick Policy

If a child/children has any symptoms of Covid before attending any Shine Bright activity/event, the child/children must stay home. Shine Bright staff may request a COVID test prior to return. Once Covid testing is negative or once a child/children is symptom free for 24 hours, the child/children may return to the activity/event at Shine Bright. If any child/children develops fever,vomiting,diarrhea or more than one symptom(such as fever & cough), Shine Bright staff will send the child/children home from the event/activity. Shine Bright Staff is happy to discuss individual medical situations on an as needed basis.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions. I agree to the above medical rules and regulations for my child/children when participating in any Shine Bright events/activity.

Date: _____

Parent/Guardian Signature