



Liability & Release Form

Today's Date: _____

Child's Name: _____ DOB _____

Please read thoroughly and sign and date below as a condition of participation in Stretch The Imagination programs:

In consideration for my child named above being allowed to participate in Stretch The Imagination programs both in and out of its school building, I as a parent or guardian waive and release and hold harmless Stretch The Imagination, its owners, officers, employees and agents from any liability, claims, demands and causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child and or the undersigned while in or upon premises or any premises under control of Stretch The Imagination, it's owners, officers, employees, or agents.

TRAVELING OFF SITE: From time to time, Stretch The Imagination may plan a field trip for children. This authorization includes field trips and other activities away from the school building by my child. I understand that I will be notified in advance of all field trips and that use of public transportation is permitted. I also understand that a qualified teacher and in most cases parent chaperones will accompany field trips.

MEDICAL RELEASE: As my child's legal guardian, I hereby give Stretch the Imagination and the employees thereof, permission to obtain medical treatment for my child. I am responsible for the payment of all costs of medical treatment. I authorize personal information needed for the treatment of my child to be released to medical/hospital personnel.

PHOTO & VIDEO RELEASE: I authorize *Stretch the Imagination* to include/publish photos/videos/audio of my child in all internal documentation, classroom projects, curriculum materials and shared on a password protected website. I understand that documentation may be posted in the facility, used for enrichment presentations and featured during preschool open house events for interested families. Documentation is a guiding principle within our philosophy and a core aspect of the communication we offer for our community of students and families.

I understand that Stretch the Imagination will include my child's name, phone number and family email address in the roster that will be distributed **only to Stretch Parents** and will be available on our secure parent website

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

Parent/ Guardian _____ Date: _____