

Rest Reset and Explore Center LLC Client Form

Name	
Address	
Phone	
Email	
Date of Birth (DOB)	
Children's Name(s)	
Children's DOB(s)	

Liability Waiver: I understand that the food, beverages and activities I and said children listed consume and participate in are of free will. I understand that payment is to be made at the start of each play session for me and said children: \$20 per adult and \$3 per child. I understand that the cost includes canvas, paint and supplies for adults as well as snacks and beverages for adults and children present. I am aware that I am responsible for understanding the ingredients before consuming any snack or beverage. My signature below is an indication of my understanding and agreement of this agreement. I understand that if any information changes and every six months I must renew my client form.

Photo Release: I _____ do not give permission or _____ do give permission for my photo to be taken of my participation in the activities at Rest Reset and Explore Center LLC.

Client Signature:

Date:
