Rest Reset and Explore Center LLC

CLIENT FORM

Name:

Address:

Phone:

Email:

Date of Birth (DOB):

Children's Name(s):

Children's DOB(s):

Any food allergies:

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: **$10 per person.** I understand that the cost includes **all supplies, activities, snack and a beverage.** 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.

I understand that if anything changes I will update this 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: _____