

EMERGENCY CONTACT FORM AND WAIVER OF LIABILITY



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Participant Name _____ Date of Birth _____

Parent's Name(s) _____ Primary Phone _____

Email _____ Alternate Phone _____

Home Address _____ City _____ Zip _____

EMERGENCY CONTACT

Name _____ Relationship _____

Email _____ Phone _____

ADDITIONAL AUTHORIZED PICK-UP

Participant will only be released to persons listed on this form.

Name _____ Relationship _____

Name _____ Relationship _____

ALLERGIES AND OTHER SPECIAL CONSIDERATIONS

WAIVER OF LIABILITY

I, the undersigned, in consideration of participation in BrickSpace after school programming, agree to indemnify and hold harmless, and release, waive and discharge BrickSpace and its employees from and against any and all liability for injury or property damage which may be suffered by the above named participant rising out of, in any way connected with participation in the program. I have read the above and hold harmless and release agreement and fully understand that I assume all risks for any injuries and property damage suffered.

PARENT'S SIGNATURE _____ DATE _____

BrickSpace reserves the right to use any photograph/video taken at any event/class, without the expressed written permission of those included within the photograph/video. BrickSpace may use the photograph/video in publications or other media material produced, including but not limited to brochures, invitations, books, newspapers, magazines, websites, social media sites, etc. _____ (INITIAL)