

Release of Liability Waiver/ Consent Form

I, the undersigned, as the parent or legal guardian of _____
do hereby give my full consent and approval for my child to participate in activities at Synapse Developing Minds
with an Education Service Provider, in indoor and outdoor settings in the community. Activities include:
playground play, walking, biking, exploring forests/gardens etc

I understand that there are certain risks of play that may result in damages and injuries in the participation of my
child during these activities and I hereby accept these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in outdoor and playground/area activities and that my
child is healthy and has no known disabilities or infirmities that would restrict their full participation in such
activities. If any condition, disability or infirmity that would prevent full participation in activities should arise, I
understand that I must communicate this to Synapse educators immediately.

Please list any and all restrictions below that may affect your child's physical participation that we should be
aware of:

Swim sessions: I understand that while Synapse educators have Standard First Aid Training, there are certain risks of aquatic activities that may result in damage or injuries. I hereby accept that risk on behalf of my child, and understand that swim sessions occur in a community space, and can not be in a private pool setting.

I hereby, for myself and on behalf of my child, agree to save and hold harmless and fully indemnify Synapse Developing Minds, on the account that all normal safety procedures have been taken on behalf of Management and Staff, from any and all liability for any personal injury or injury to any third-party child resulting from my child's actions/participation in the above-mentioned activities.

I hereby release Synapse Developing Minds and their Education Service Provider SHANNON ENGLAND from any and all liability, on the account that all normal safety procedures have been taken on behalf of Management and Staff, for any injuries that my child may sustain as a result of any activities taken place in the presence and/or guidance of Synapse Developing Minds educators, during the designated program hours for the duration of my child's time with said educators.

Date Signed _____

Signature of Parent or Guardian _____

On behalf of (Child's Name) _____