



Parent's Night Out Registration Form

Parents' Night Out Date: _____

Child(ren)'s Name: _____ Age: _____
_____ Age: _____
_____ Age: _____

Mother's Name: _____ Cell # _____

Father's Name: _____ Cell # _____

Email Address: _____

Emergency Contacts (Other than Parents):

1. _____ Cell # _____
2. _____ Cell # _____

List all allergies / Special needs: _____

Do you authorize any other adult to pick up your child(ren)? If yes, please list names below:

Parent/Guardian Authorization

In the event my child needs immediate attention for injuries received, I authorize LIVE & LEARN ACADEMY staff to give my child reasonable first aid and to transport my child to a health care facility for emergency services as needed. I give my consent for such treatment to be administered and understand I will be responsible for any and all cost of medical attention and treatment.

I hereby release all pictures and/or video taken by LIVE & LEARN ACADEMY (including its employees, volunteers and any other persons or entities acting with its permission, or upon its authority) to LIVE & LEARN ACADEMY for promotional and advertising purposes, including use on the LIVE & LEARN ACADEMY website and social media pages.

(Parent/Guardian Signature) (Date)

Waiver and Release of Liability

By signing below, I agree to release and discharge LIVE & LEARN ACADEMY and its owners, directors, officers, employees and volunteers from any and all liability, claims, actions, right of actions, damages and expenses, including attorney expenses.

(Parent/Guardian Signature) (Date)