

Sensory Link's Spectacular

Registration Packet

In the case of cancellation due to weather, please check our Facebook page or Website

Child's Name _____ Parent/Guardian _____

Phone number _____ Email _____

Please direct all questions/concerns and return ALL completed forms to
sensorylinknews@sensorylink.com or our Gibsonia or Murrysville offices

Release Form for Media Recording

I, the undersigned do hereby consent and agree that **Sensory Link LLC**, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and my child/children beginning September 23rd, 2017 and ending September 24th, 2017 and to use these in any and all media, now or hereafter known, and exclusively for the purpose of in house posting and media promotion material. I further **CONSENT or NOT CONSENT (circle one)** that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Sensory Link LLC**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identify or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me and/or my child/children either for initial or subsequent transmission or playback.

I also understand that **Sensory Link LLC** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

CONTINUE ON BACK 

Generic Waiver of Liability

Sensory Link LLC and Nicley LLC

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the **Sensory Link Spectacular held on September 23, 2017**, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Sensory Link LLC, Nicley LLC, staff, volunteers, and students (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, my child, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law

2. I am fully aware of the risks and hazards connected with the activities of **Sensory Link Spectacular**, and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that Sensory Link LLC and Nicley LLC do not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, my child, or any loss or damage to property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Pennsylvania and that any mediation, suit, or other proceeding must be filed or entered into only in Pennsylvania and the federal or state courts of Pennsylvania. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

I HEREBY CERTIFY that I have personal health insurance.

Parent Signature

Date

Print Parent's name

Child's name