

Children's Dentistry



A COMPLETED AND SIGNED WAIVER FORM IS REQUIRED TO PARTICIPATE IN THE CHILDREN'S DENTISTRY PLAY ROOM

In consideration of being allowed to enter the play area and/or participate in the Children's Dentistry play room, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in the Children's Dentistry play room.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SUPERVISE MY CHILD AT ALL TIMES.

I am aware that violation of rules could result in expulsion from in the Children's Dentistry play room. I understand that there are dangers and risks associated with activities/play equipment at the Children's Dentistry play room , and knowingly and freely agree to assume all risk of personal injury, including the potential for paralysis and death. On behalf of myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless, Children's Dentistry of Idaho PLLC, their affiliates, officers, members, agents, employees, other participants and sponsoring agencies from and against any and all claims, injuries, theft, property damage, liabilities or any kind of action arising out of or related to participation in any and all Children's Dentistry programs, activities, parties, and the use of the play equipment.

I am fully aware, understand, and agree to abide by the terms listed below.

- No climbing on top of the airplane or other play features
- Do not remove any toys from the play room
- Do not kick, hit, bite or cause any harm to another child
- No food or drink in the play room
- No putting toys or objects in child's mouth
- I agree to respect and uphold all of Children's Dentistry's written and verbal policies and procedures.

*Please Print Clearly.

Child's Name _____ D/O/B _____

Child's Name _____ D/O/B _____

Child's Name _____ D/O/B _____

Parent/Guardian Name _____

(Print) _____

Parent/Guardian Signature _____ Date _____