



**Playground  
AUTHORIZATION, RELEASE AND WAIVER OF  
LIABILITY AGREEMENT**

Update.09/15/2011

\*please list all children who will be playing on Thornburg Pediatrics' Playground\*

<b>Child's Name:</b> _____	<b>Date of Birth:</b> _____
<b>Child's Name:</b> _____	<b>Date of Birth:</b> _____
<b>Child's Name:</b> _____	<b>Date of Birth:</b> _____
<b>Child's Name:</b> _____	<b>Date of Birth:</b> _____

**Parent of Legal Guardian of Child(ren):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:(home) :** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

---

I, \_\_\_\_\_ ( parent of legal guardian) for myself and for my child(ren) agree to all of the following:

1. I wish for my child(ren) to play on the Thornburg Pediatrics' Playground.
2. I realize that I will have to be present while my child(ren) actively participate in their activities while they are at the Thornburg Pediatrics' Playground. I understand that young children may get hurt while playing with other children and while engaging in physical

activities, and that there is a risk of property damage, serious injury, or death inherent in my child participating on the Thornburg Pediatrics' Playground, I also understand that there are

2- Playground release

risks inherent in any physical activity program, including the use of equipment such as those provided for use at the Thornburg Pediatrics' Playground, which may or may not be obvious and which may pose serious threats to any person if used improperly. I acknowledge that the equipment at the Thornburg

Pediatrics' Playground is designed for use by young children, adolescents, teens and adults. Although I understand that the Thornburg Pediatrics' Playground has attempted to create a injury free play area for my child(ren), a child needs constant attention, and I agree to be either personally responsible for providing that attention, or to appoint another caregiver to provide that attention.

3. In the event my child(ren) becomes injured or sick while participating in the Thornburg Pediatrics' Playground activities, I hereby consent to the Thornburg Pediatrics' Playground staff providing First Aid as well as summoning medical professionals to administer First Aid or emergency medical treatment for my child(ren).

4. I agree to follow any instructions or rules established by the Thornburg Pediatrics' Playground with regard to my child(ren)'s activities, whether written or orally given by the Thornburg Pediatrics' Playground personnel. I understand and agree that at any time, the Thornburg Pediatrics' Playground reserves the right to require me to remove my child(ren) from any activity for any reason,

5. I agree not to hold Thornburg Pediatrics responsible for any injuries suffered by my child(ren) while involved in activities at Thornburg Pediatrics.

6. I agree to Release, Discharge , - NOT SUE AND TO SAVE AND HOLD HARMLESS Thornburg Pediatrics, its owners, officers, directors and employees, from any loss, liability, damage, or costs whatsoever arising out of or related to any loss, damage, or injury (including death) to me or my child(ren) arising out of or in anyway connected with participation in the activities of Thornburg Pediatrics for any reason or cause.

I HAVE READ THIS DOCUMENT AND AGREE TO ALL OF ITS TERMS. I UNDERSTAND IT IS A LEGALLY BINDING AGREEMENT AND WAIVES CERTAIN LEGAL RIGHTS OF MINE, INCLUDING, BUT NOT LIMITED TO A RELEASE, WAIVER, PROMISE NOT TO SUE AND A HOLD HARMLESS FOR ALL CLAIMS, THIS AGREEMENT SHALL BE BINDING UPON MYSELF, MY CHILD(REN), AND OUR ESTATE, SUCCESSORS AND ASSIGNS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_