

PAW PAW'S PLAY STUDIO

INDEMNITY AND WAIVER FORM

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Full Name: _____

Contact Number: _____

Email Address: _____

INDEMNITY AGREEMENT

1. Voluntary Participation:

I give permission for my child to attend and participate in all activities at Paw Paw's Play Studio, held between Monday–Friday, 08:00–16:00 and Saturdays, 09:00–12:00.

2. Supervision & Care:

I understand that while every reasonable effort will be made to ensure the safety and wellbeing of all children, Paw Paw's Play Studio, its staff and representatives, cannot be held liable for any accidental injury, loss, or damage that may occur during participation.

3. Health and Safety:

I confirm that my child is in good health and that I have informed staff of any allergies, chronic conditions, or medical needs. I authorise Paw Paw's Play Studio to take appropriate emergency action if necessary and understand that any medical costs incurred will be my responsibility.

4. Personal Belongings:

I understand that Paw Paw's Play Studio will not be held responsible for loss or damage to personal items brought onto the premises.

5. Photographs and Social Media:

☐ I give permission for my child to be photographed for use on Paw Paw's Play Studio's website and social media platforms.

☐ I do *not* give permission for my child to be photographed.

6. Indemnity Clause:

I indemnify and hold harmless Paw Paw's Play Studio, its owners, employees, and agents against any claim of any nature whatsoever that may arise from my child's participation at the studio, except in the case of gross negligence.

Signature of Parent/Guardian: _____

Full Name (printed): _____

Date: _____