



PARTICIPATION WAIVER

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Participant First Name

Participant Last Name

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Address

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Telephone Number

Email Address

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Emergency Contact

Contact Telephone Number

I, the undersigned ("Participant"), in consideration for attending a class or other activity at the Sensory Beans LLC facility ("Sensory Beans") agree to the following:

**WAIVER OF LIABILITY**

Participant understands that there is an inherent risk that use of the Sensory Beans' facilities and services may result in injury, **including, without limitation, injury related to the COVID-19 pandemic.** Sensory Beans is following all available and applicable health and safety guidelines during this unprecedented public-health crisis. However, despite its efforts, Sensory Beans cannot guarantee that you will not contract the virus at Sensory Beans' facilities.

Being fully aware of these dangers and risks, Participant, on my own behalf and on behalf of my child and our respective heirs, administrators, executors and successors, and assigns, hereby covenant not to sue, and forever release and hold harmless Sensory Beans and its officers, directors, employees, contractors, volunteers or agents from all liability for any and all damages or injuries suffered while under the instruction, supervision or control of Sensory Beans, including, without limitation, those damages or injuries resulting from acts of negligence on the part of Sensory Beans and its officers, directors, employees, contractors, volunteers or agents and also including, without limitation, injuries that were sustained because of my own negligence and injuries suffered related to the COVID-19 pandemic. Participant agrees to specifically assume all risk of injury for Participant and children attending an event at Sensory Beans and hereby waives any and all claims or actions that may arise against Sensory Beans or its officers, directors, employees, contractors, volunteers or agents as a result of such injury.

Participant hereby agrees to wear a mask at all times while at the Sensory Beans facilities and to supervise Participant's child to ensure that he or she is wearing a mask at all times. Participant understands that Participant will be asked to leave the Sensory Beans facilities if Participant or Participant's child refuses to wear a mask.



I have read the Waiver of Liability thoroughly and understand the terms.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_