



The Butterfly Effect Project

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Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement
Notice: This is a legally binding agreement.

Child's Last Name, First Name

Date of Birth

Parent/Legal Guardian Last Name, First Name

Address

City

State

Zip

Phone Number

Email Address

Emergency Contact Name & Phone

Allergies:

I understand that by signing this Waiver of Liability, I release and hold harmless The Butterfly Effect Project and its owners, directors, officers, advisors, employees, agents, instructors, volunteers, childcare workers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of The Butterfly Effect Project's services, including but not limited to: personal injury, bodily harm, injury, or property damage occurring while the above child/children is/are in their care.

I have read and understand The Butterfly Effect Project's Policy.

Signature of Parent or Guardian

Printed Name of Parent/Guardian

Date