

MS. CLAUS SECRET STORE - PARENTAL WAIVER AND CONSENT

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the Mrs. Claus Secret Store Event at the STORE, 1870 Heritage Walk, Milton Georgia.

I understand that there will be adult supervision as they shop. the STORE will be locked and only checked in children are allowed in. Activities offered are shopping, gift wrap (scissors and tape will be in use), refreshments with Mrs.Claus (hot cocoa and cookies; please be aware this is not allergy friendly) and crafts (scissors, glitter, glue, hot glue, paint, markers, and other art and craft supplies may be used or in the area) and there are certain risks of injury to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated activities and that my child is healthy, no Covid, fevers or flu symptoms within 24 hours of the event. health conditions, including *behavior that would restrict full participation in these activities have been listed below. *If your child has been diagnosed with ODD (Oppositional Defiant Disorder) or any variant of it, you must list below. Your child is still WELCOME, but we must be made aware.

I also understand I must be within no more than 5 minutes from the STORE within the duration my child is inside the STORE for the event. I will receive a text and immediately pick up my child from the STORE.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Dinna Eckstein Designs the STORE, LLC, its officers, guest vendors, sponsors, volunteers, and Mrs. Claus for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child: DOB: Address/City/State:

Conditions to be aware of:

Parent/Guardian Signature:

Email: _____

Cell: _____

Parent or Emergency Contact: _____

Email: _____

Cell: _____