

# ASSAC

AUTISM SUPPORT ALLERDALE & COPELAND  
-EST 2014-

**SENSORY  
ROOM**

**LIABILITY  
WAIVER &  
RELEASE**

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Charity No: 1180100

**ASAAC SENSORY ROOM  
LIABILITY WAIVER & RELEASE**

**Parent/Guardian Name:** \_\_\_\_\_

**Child(ren) Name(s):** \_\_\_\_\_

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

This waiver applies to all visits and sessions at Asaac Sensory Room.

**1. Assumption of Risk**

I understand that participation in activities within Asaac Sensory Room involves inherent risks, including but not limited to accidental injury, slips, trips, falls, or other unforeseen incidents. I acknowledge that I am voluntarily allowing my child(ren) and myself to participate, and I fully accept and assume all risks, known and unknown.

**2. Parental Responsibility & Supervision**

I understand that I am responsible for supervising my child(ren) at all times during our visit to Asaac Sensory Room. Staff and volunteers are not responsible for providing individual supervision unless explicitly arranged.

**3. Liability for Damages**

I agree that I am financially responsible for any damage to property, equipment, or facilities caused by my child(ren) or myself during any session. I agree to cover the cost of repair or replacement as determined by Asaac Sensory Room management.

**4. Waiver of Liability**

To the fullest extent permitted by law, I release, waive, discharge, and hold harmless Asaac Sensory Room, its staff, volunteers, and affiliates from any and all liability, claims, demands, or causes of action for injuries, accidents, or damages sustained by myself, my child(ren), or any personal property while on the premises.

**5. Ongoing Agreement**

I agree that this waiver applies to all current and future visits and sessions at Asaac Sensory Room, unless revoked in writing by me.

**6. Emergency Medical Treatment**

In the event of an accident or medical emergency, I authorise Asaac Sensory Room staff to secure medical treatment for my child(ren) and myself as deemed necessary, with the understanding that I am fully responsible for any related costs.

**7. Safety & Conduct**

Participants must not bring sharp objects or any items that could pose a risk to themselves or others into the Sensory Room.

All visitors are required to wear suitable clothing that is safe, comfortable, and appropriate for the activities provided.

I have read and understood this waiver and agree to its terms.

**Parent/Guardian Signature:** \_\_\_\_\_

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