

Children's Party Liability Waiver & Release Form

Event Details:

- **Host Name:** The Litty Corner
- **Event Date:** May 8, 2026

Description of Activities:

The event will include children's games, contests, prizes, and food/beverages served in a home setting.

Acknowledgment of Risks

I, the undersigned parent/guardian, understand that participation in the above event may involve activities that carry certain inherent risks, including but not limited to slips, falls, injuries, allergic reactions, or other unforeseen incidents.

Medical & Allergy Disclosure

I confirm that I have informed the event host of any allergies, dietary restrictions, or medical conditions affecting my child. I understand that while reasonable precautions will be taken, the host cannot guarantee an allergen-free environment.

Please list any allergies below:

Release of Liability (Arizona)

In accordance with Arizona law, I hereby release, waive, and discharge the event host, property owner, and any volunteers from any and all liability, claims, or demands for personal injury, illness, property damage, or other loss arising from participation in this event, except in cases of gross negligence or willful misconduct.

Assumption of Risk

I voluntarily assume all risks associated with my child's participation in the event, including those arising from the acts or omissions of others, weather conditions, or the condition of the premises.

Consent to Medical Treatment

In the event of an emergency, I authorize the host or their representative to seek medical treatment for my child and agree to be responsible for any related costs.

Over-the-Counter (OTC) Medication Authorization

In the event of minor illness or discomfort, I authorize the event host (or designated adult) to administer the following over-the-counter medications to my child **only if needed** and in accordance with the manufacturer's instructions for age and weight.

Parent/Guardian must check "Yes" or "No" for each medication:

| Acetaminophen (Tylenol) | Pain relief, fever reduction | | |

| Ibuprofen (Advil, Motrin) | Pain relief, fever reduction | | |

- | Diphenhydramine (Benadryl) | Allergic reaction relief | | |
- | Loratadine (Claritin) | Seasonal allergy relief | | |
- | Antacid (Tums, Maalox) | Upset stomach relief | | |
- | Oral Rehydration Solution (Pedialyte) | Hydration for mild dehydration | | |
- | Topical Antibiotic Ointment (Neosporin) | Minor cuts/scrapes | | |
- | Hydrocortisone Cream (1%) | Itch/rash relief | | |
- | Sunscreen (SPF 30+) | Sun protection | | |
- | Lip Balm with SPF | Chapped lips/sun protection | | |

Additional Notes or Restrictions:

Parent/Guardian Signature: _____ **Date:** _____

“I understand that no medication will be given without my explicit consent above, and that emergency medical services will be contacted for any serious or uncertain condition.”

Photo/Video Release (Optional)

I consent I do not consent

to the use of photographs or videos of my child taken during the event for personal or non-commercial purposes by the host.

Severability Clause (Arizona)

If any provision of this waiver is found invalid under Arizona law, the remaining provisions shall remain in full force and effect.

Parent/Guardian Information

Name: _____

Signature: _____

Date: _____

Phone: _____

Child’s Name: _____

Age: _____