WHISH SENSORY ROOM REGISTRATION FORM

Details of person making booking:

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>Tel</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Name of the child</td>
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<td>Relationship to the child</td>
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Please tick to confirm that you understand that:

- No shoes allowed but socks must be worn
- No sharp objects are allowed
- No food or drink
- Any accidents must be reported
- Any breakages/spillages must be reported

Please note that WHISH are not responsible for any loss or injury, however caused by any person who uses the Sensory Room.
The use of the Sensory Room can have the following benefits:
- Children can achieve a sense of 'cause and effect' by using switches attached to lights and toys.
- The Sensory room provides an interactive experience between adults and children and between children and other children. Activities can be used to promote turn-taking and communication.
- The Sensory room is designed to be a calming environment in which children feel comfortable and therefore ready to learn.
- The Sensory room experience can be used to add extra meaning to a story, rhymes and songs.
- The Sensory equipment provides stimulation for babies and young children who are exploring the world around them via their senses.
- The calming environment is a place for parents and carers to bond with their children.
- Relaxation is good for children’s emotional health; it gives them a chance to explore their feelings in a safe environment.

Accident Waiver and Release of Liability
I hereby assume all of the risks of participating in any/all activities associated with using the multisensory room (MSR), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of WHISH, from dangerous or defective equipment or property owned, maintained or controlled by them.

I confirm that I have received an induction on how the various pieces of equipment work and I understand that equipment may not be suitable for all disabilities.

In consideration of my application and permitting me to use the MSR, I hereby take responsibility for myself, my family, and any other person who I bring into the MSR and assign as follows:

1. I waive, release and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of WHISH, for my death, disability, personal injury, property damage or theft, or actions of any kind which may hereafter occur to me.
2. I indemnify, hold harmless, and promise not to sue WHISH for any and all liabilities or claims made as a result of participation in the MSR, whether caused by their negligence or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the use of the MSR.

This form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signed: .................................................. Date: .....................................