

FITNESS ATHLETIC CENTER ***BIRTHDAY PARTY*******

For additional information see website: www.facgymandcheer.com

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of, hereafter, child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, dance, cheerleading, birthday parties, special events & activities including inflatables, camps and any and all other programs offered at the Fitness Athletic Center, LLC. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all the Fitness Athletic Center, LLC. programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE the Fitness Athletic Center LLC.** its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of the Fitness Athletic Center, LLC. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Jody Minarcik, Julie Lischka and/or the Fitness Athletic Center, LLC. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for the Fitness Athletic Center, LLC.

If your child requires an inhaler, I understand I am required to stay with him/her or get a doctor's release. By your attending this event, you are granting your permission for you and your child to be filmed, videotaped, audio taped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION.** I **VOLUNTARILY** affix my name in agreement.

Child's Name _____ Male / Female AGE: _____

PARENT/LEGAL GUARDIANS SIGNATURE _____

Print Parent/Legal guardian's name _____

Address _____ City _____ State _____ Zip _____

Parent Phone Number _____ Cell Phone Number _____

Alternate Emergency Contact & Phone _____

EMAIL: _____