



# The Spine and Wellness Center

Happy, Healthy, Fun

## Birthday Party Waiver Form

### ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of \_\_\_\_\_, hereafter, child (ren) I recognize that 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, dance, and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all The Spine and Wellness Center Fitness Center programs and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE and FOREVER RELEASE** The Spine and Wellness Center Fitness Center, its officers, directors, 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 Spine and Wellness Center Fitness Center, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, employees, or agents. 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 The Spine and Wellness Center Fitness Center 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 me or my child as a result of any injury sustained while participating at The Spine and Wellness Center Fitness Center. By participating in activities here at The Spine and Wellness Center Fitness Center, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped, and/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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

(Please Print) Child's LAST Name Child's FIRST Name

Phone ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

\*In the event of an emergency, if we cannot reach you via home or cell phone, whom should we contact and at what number?

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