

VILLAGE FITNESS

Welcome to the Birthday Party for _____ at Village Fitness!

My Child's Name _____ DOB ____/____/____

Address _____

Home Phone _____ E-mail _____

Emergency Contact for time period during the party:

Name _____ Phone _____

Please list any allergies, medical conditions, or other important information which may affect you child during the party, and that the party hosts or Village Fitness staff should be aware of.

BY SIGNING BELOW, I CONSENT TO MY CHILD'S PARTICIPATION IN THIS BIRTHDAY PARTY AT VILLAGE FITNESS LLC. I UNDERSTAND AND ACCEPT THAT THERE ARE INHERENT RISKS ASSOCIATED WITH THE PARTICIPATION IN VIGOROUS PHYSICAL ACTIVITY INCLUDING BUT NOT LIMITED TO HEART ATTACK AND/OR CARDIAC ARREST, STROKE, HEAD INJURY, AND MUSCULOSKELETAL (BONE, JOINT, MUSCLE, ETC.) INJURY. I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD BY A LICENSED MEDICAL PRACTITIONER IN THE EVENT OF AN EMERGENCY, ONLY AFTER A REASONABLE EFFORT HAS BEEN MADE TO CONTACT ME. I AGREE TO HOLD VILLAGE FITNESS LLC HARMLESS FOR ANY INJURY OR ILLNESS MY CHILD SUSTAINS THROUGH HIS/HER VOLUNTARY PARTICIPATION IN THIS EVENT. I AGREE TO INDEMNIFY VILLAGE FITNESS LLC FOR ANY DAMAGE AND LOSS MY CHILD CAUSES DUE TO HIS/HER USE OF THEIR FACILITY AND EQUIPMENT.

Parent/Guardian Name (print)

Signature

Date