

Waiver Form

Welcome to the birthday party for _____ at Village Fitness!

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

Address _____

Phone Number _____ Email _____

Emergency Contact for time period during the party:

Name _____ Phone Number _____

Please list any allergies, medical conditions, or other important information which may affect your 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 Physical Therapy & Fitness*. I understand and accept that there are inherent risks associated with the participation of 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 Physical Therapy & Fitness harmless for any injury or illness my child sustains through his/her voluntary participation in this event. I agree to indemnify Village Physical Therapy & Fitness for any damage or loss my child causes to his/her use of their facility and equipment.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____



Media Release Form

I, Parent/Guardian, of the child named below authorize *Village Physical Therapy and Fitness* to use my child's photo or other media images for the purpose of public promotion and other business interests. I understand that the photos and/or videos may be used for (but not limited to) the following: print publications, online publications, news releases, marketing, advertising, and social media platforms.

I also understand and acknowledge that I will not receive a royalty or any other form of compensation for the use of any media images. By signing this form, I waive any right to claims of publicity or copyright.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Name of Child: _____

