

Birthday Party Consent Form

My Child has permission to participate in the EC Kids Birthday Party _Date of Birth____/__/ Print First and Last Name Month Day Year Name Print First and Last Name Month Day Year Date of Birth___ Name_ Print First and Last Name ☐ I would like to be notified for future EC Kid classes, camps or events. Email Please Print Email Address **Emergency Consent to Treat** I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child (List all children participating) and prevent further injury and/or death. I give permission to the emergency care physicians, support personnel and EC Fitness & Nutrition to do what they deem necessary in my child/child's best interests.

MEDICAL WAIVER

Parent/Guardian Signature

To the best of my knowledge, my child is in good health and physically able to participate in an active sports and Gymnastics program. I hereby promise to obey all Expectations, rules, regulations and codes of conduct of EC Kids. I hereby release, indemnify and forever discharge EC Fitness & Nutrition "EC Kids" and Leaps N Boundz from and waive as against EC Fitness & Nutrition "EC Kids and Leaps N Boundz, all resources, losses or damages which I now have or hereafter may have for, or by reason of, or in any way arising out of, any injury to my Child or property during my Child's participation with EC Kids. EC Fitness & Nutrition "EC Kids" nor Leaps N Boundz will not be liable for any injuries received while participation in the program.

Date By signing this form, I am stating that I have read and agreed to the conditions below:

Phone

NO CLAIM

I hereby agree that I shall make no claim and bring no action, suit or proceeding for any and all damages, Losses, liabilities or cost in any many suffered or incurred as a result of my child's participating in the Activities nor which I have registered herein.