

**PARTY WAIVER**

**Klub Kidz Waiver**

Parent/Guardian:

Child(ren's) Name:

Emergency Contact #:

E-Mail:

Facebook:

Alternate Emergency Contact:

Allergies/Medical Issues/Medications (kept strictly confidential):

- 1- I have informed Miss Lori Dutra, to the best of my knowledge, of any pertinent medical information concerning my child – and declare that he/she is physically capable to participate in this class.
- 2- I give permission for Miss Lori & her staff to perform basic First Aid to my child if necessary (i.e. ice, band aids, etc.)
- 3- NO MEDICATIONS WILL BE GIVEN OUT by Miss Lori or Staff Members.
- 4- I understand that Miss Lori, her Staff and Gym Employees cannot be held liable for bodily injuries and/or damages to personal belongings (clothing, jewelry, etc.)
- 5- I understand that my child's photo may be taken and posted on social media.

I agree to the above terms.

Signature:

Date:

Revised 2017

