

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

**Must Bring this Form with you to be able to attend Birthday Party**

**<http://movementaz.org/>      <https://www.facebook.com/MovementCultureAZ>**

I agree to allow my minor child to participate in Movement Culture Birthday Party activities. As a parent/guardian of the below child(s), I hereby assume any and all risks involved in connection with the Birthday Party activities. I hereby release Bryan and Summer, Movement Culture, LLC, their employees, agents, representative, and assigns other individual or entity association with the operation of said Birthday Party for any harm, injury, or damage that may occur to the below named child(s) as a result of his/her participation Birthday Party, whether foreseen or unforeseen including any risks or danger created from or harm caused by any negligent act or omission of any of the below mentioned parties.

On behalf of my child, I indemnify and hold harmless the above mentioned parties from any claim for damages or injuries on the part of said minor child or his/her heirs, executors, or administrators, and to reimburse any loss damages, or costs that any of the above may have to pay as a result of such claim or related litigation by said minor child or anyone in his/her behalf and I hereby release, waive, and discharge any claim or cause of action that I may personally have as a result of any damage or injury or injury suffered by minor child(s)I, \_\_\_\_\_ on behalf of the below minor, hereby give permission to any licensed physician and/or hospital to provide emergency medical treatment which may be necessary due to any injury accident incurred while participating in the Birthday Party.

**I agree to be responsible for all costs related to such medical treatments.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Minor name \_\_\_\_\_ AGE \_\_\_\_\_

Minor name \_\_\_\_\_ AGE \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

In case of emergency Contact phone number: \_\_\_\_\_

Interested in Martial Arts: YES \_\_\_\_\_ No \_\_\_\_\_

Join our facebook for special events and offers! YES \_\_\_\_\_ No \_\_\_\_\_

Email address: \_\_\_\_\_