

Vero Athletics Birthday Party



Bounce Waiver & Release

Parent/Guardian:

Name: _____

Cell Phone: _____

I would like to receive information on birthday parties & special events at Vero Athletics.

Email Address: _____

Participants:

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

In consideration of being allowed to enter into the play area and/or participate in any party and/or program at Vero Athletics, the undersigned, on his or her own behalf and/or on behalf of the participant(s) identified above, acknowledges, appreciates and agrees to the following conditions:

I willingly agree to comply with the stated and customary terms, rules and conditions for participation in any party and/or program at Vero Athletics, and agree that the failure of myself, my child or my ward to do so may result in expulsion from Vero Athletics. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest employee.

I understand that participation in open gym could include participation on inflatables and trampolines as well as in cheerleading and tumbling activities. These activities at Vero Athletics are risky and risks of injury include, without limitation, scrapes, bruises, friction burns, cuts, sprains, broken bones and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of the risks (including risks arising from the negligence of other participants), for myself and my child or ward; and hereby WAIVE, RELEASE AND HOLD HARMLESS VERO ATHLETICS LLC, their affiliates, officers, members, agents, employees, other participants and sponsoring agencies.

I approve the use of any photographs taken by Vero Athletics in which the undersigned is part of to be used in official Vero Athletics business website and/or print media.

I agree and understand that this agreement is binding on myself, my child or ward and the heirs, successors and assigns of myself and my child or ward.

By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian. I understand that this waiver is valid for participation from below signed date through December 31, 2011.

Parent Signature: _____ Date: _____