HAPPY HEALTHY KIDS
FITNESS STUDIO

# Liability Waiver/ Photo Release Form

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By signing, you accept this waiver and disclaimer. Waiver and Release: By participating in at H2K Happy Healthy Kids Fitness Studio, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers, its principals, its officers & directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence.

I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against H2K Happy Healthy Kids Fitness Studio and its officers.

I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising without compensation.

I grant permission for my child to participate in the H2K Happy Healthy Kids Fitness Programs. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend H2K, its officers, directors and agents, or representatives, arising from or in connection with my child attending classes or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the H2K, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Date: _____

Printed Name: _____ Signature: _____

Name of Child: _____ Date of Birth: _____

Email: _____

How did you hear about us?

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