



Waiver

Name of Child/Children: _____

ASSUMPTION OF RISK · WAIVER OF LIABILITY · MEDICAL AUTHORIZATION

I recognize that a risk is involved in participation in gymnastics and related activities, and that the activities require adherence to rules and discipline. Being fully aware of these dangers, I consent for my child (children) to participate in this Discovery Bus Birthday Party and activities and I accept all risks associated with this participation.

I hereby, for myself and my child (children), covenant not to sue and forever release AchievAbility LLC dba The Discovery Bus, its officers, directors, shareholders, employees, contractors and volunteers from all liability in damages or injuries incurred as a result of participation including those resulting from acts of negligence. In the event of an accident or emergency I authorize my child (children) to be transported to a hospital for medical treatment and I hold The Discovery Bus and its representatives harmless in the execution of such. Additionally, I agree to individually provide for all medical expenses which may be incurred by my child (children) as a result of any injury sustained while participating at or for The Discovery Bus.

I have read and understand this assumption of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement:

Parent /Legal Guardian's Signature

_____ **Date** _____