

AIM Party Central Waiver

Parent Name: _____

Sign: _____

Date: _____

Child's Name: _____

Name of birthday child: _____

At AIM Party Central, we are dedicated to providing your child a fun, safe, and memorable experience. However, on occasion, accidents may happen, therefore we require your prior consent for your child's participation in activities at AIM.

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

We the undersigned, parents, or legal guardians of the applicant, whose name appears on this card, both recognize and agree that the aforementioned minor, who has enrolled in the instructional and recreational programs of Athletes In Motion Fitness Center, Inc., will be engaging in sports activities that entail certain hazards and that said participant may possible sustain injuries in the participation of such activities. Both parents and child are fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses. That recognizing said possibility, both parents and minor and participant do wish for said minor and/or participant to take part in said activities. In consideration of the applicant's participation in the instructional and recreational programs of Athletes In Motion, Inc. (AIM), do herewith and hereby agree to indemnity and hold harmless the said AIM. Inc., its officers, instructors, employees, agents, and representatives from whatsoever extent or nature, including without limitation, any injury, illness, or accident to such applicant arising from such applicant's participation in any way in ANY program, course of instruction, or travel with said Athletes In Motion, Inc. Multipurpose Center. We expressly grant permission to any representative of AIM, to authorize and obtain medical care from any licensed physician, ambulance service, hospital, or medical clinic should the Applicant become ill or injured while participating in activities away from home or at a time when neither parent is available to grant authorized treatment.