

AWARENESS THROUGH MOVEMENT MINOR LIABILITY WAIVER

Parent or Legal Guardian

Individuals using the programs and lessons at Skeletal Connections are required to read the following information carefully and fully understand before participating in any activity or program. You agree that your child(ren):

_____, _____

are voluntarily participating with the knowledge of the risks in doing so.

I, _____, the parent and/or Legal Guardian of the above child
(children)

am fully aware that participation in the activities at Skeletal Connections may result in risk of personal injury or harm to my child. I hereby agree to release and hold harmless the instructors at Skeletal Connections as well as their employer, KENAI PHYSICAL THERAPY, INC, from all liability, loss, damages, claims, or actions (including legal costs and attorney fees) for any bodily injury and/or property damage, to the extent permissible by law arising from or related to his/her participation. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred or in connection with any such claim or proceeding brought and in defense thereof. In signing this release, indemnification and hold harmless agreement, I acknowledge that I have read and understand fully the entire agreement, and sign it voluntarily as my own free act; no oral representations, statements, or inducements, apart from this written agreement, have been made. I hereby give permission to Skeletal Connections/ Kenai Physical Therapy, for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that I am fully competent and my child(ren) is(are) in good physical condition, and has(have) no medical or physical conditions that would restrict his/her(their) participation in any program or activity.

Printed Name of Parent/ Legal Guardian

Signature of Parent/Legal Guardian

Date: _____