## **The Zone Registration Form**

Parent's First Name:	Parent's I	Last Name:		
Email:			(Print Clearly)	
Address:				Cell:
Child's First Name:				
Child's First Name:	Child's Last Name:		DOB://_	_ Male / Female
Child's First Name:	Child's Last Name:		DOB://	_ Male / Female
	How did	you hear abo	ut us?	
Signs Bir	thday Party Facebook	Friends I	f friends, who?	
RELEASE AND WAIVEI PARENTAL CONSENT	R OF LIABILITY, ASSUMPTIO	ON OF RISK, A	AND INDEMNITY AGREEMI	ENT ("AGREEMENT")
In consideration of participating am qualified, in good health a conditions are unsafe, I will im- serious bodily injury, including of others participating in the eve place, or the negligence of the "r foreseeable at this time; and I fu- result of my participation in the	nd in proper physical condition mediately discontinue participal permanent disability, paralysis int, the conditions in which the releasees" named below, and the fly accept and assume all such in	on to participation in the action and death, we event takes at there may be	ate in such activity. I acknown tivity. I fully understand that which may be caused by my one of other risks either not known	wledge that if I believe even this activity involves risks or own actions, or inactions, those to me or not readily
I further understand that I enter also understand that I am not allow Zone-Mt. Vernon its respective advertisers, and, if applicable, or "RELEASEES" herein) from all or in part by the negligence of the release, waiver of liability, and a indemnify, save, and hold harm such claim	owed on any gymnastics or bound administrators, directors, agent where and lessors of premises of liability, claims, demands, loss the "releasees" or otherwise, incompation of risk I, or anyone	unce equipments, officers, vo on which the asses, or damage cluding neglig on my behalf,	nt. I hereby release, discharge plunteers, and employees, othe ctivity takes place, (each con- ges, on my account caused or a ent rescue operations and futu- makes a claim against any of	and covenant not to sue <b>The</b> er participants, any sponsors, sidered one of the alleged to be caused in whole are agree that if, despite this of the Releasees, I will
I have read the RELEASE AND that I have given up substantial intend it to be a complete and uthis agreement is held to be inva	rights by signing it and have sign enconditional release of all liab	gned it freely sility to the gre	and without any inducement of eatest extent allowed by law a	or assurance of any nature and
I understand that in the event of deductible paid by me.	an injury, the medical policy su	applied by The	e Zone-Mt. Vernon is a secon	ndary policy with a \$500
AND I, the minor's parent and/and capabilities and believe the AGREE TO INDEMNIFY ANI damages on the minor's account otherwise, including negligent reshalf makes a claim against any DEMNIFY, SAVE AND HOLD or cost any Releasees may incur	minor to be qualified to particip O SAVE AND HOLD HARMI at caused or alleged to have be escue operations, and further a of the above Releasees, I WIL HARMLESS each of the Release	pate in such and LESS each of been caused in agree that if, out IN assess from any assess from any patents.	ctivity. I hereby Release, disci the Releasees from all liabi in whole or in part by the nadespite this release, I, the mi	harge, covenant not to sue and lity, claims, demands, losses of egligence of the Releasees of mor, or anyone on the minor'
I understand and agree that a pho	oto or video of my child may be	e used in futur	re promotions.	
			Date:	
Printed name of Parent or Legal	Guardian Signature of	Parent or Leg	al Guardian	