



BUSYBODIES, LLC

QACCCA- PROVIDER LIABILITY WAIVER AND MEDICAL RELEASE

Provider's Name:	Phone:	Email Address:
Street Address:	City, State, and Zip Code:	
Date(s): September 1, 2017 – August 31, 2018		Time: TBA

OPEN GYM LIABILITY WAIVER

As a parent or legal guardian of a child at _____ (provider's name), I hereby consent to have my child participate in the programs offered by BusyBodies, LLC. I recognize that participation in gymnastics and other related activities carries with it inherent risks and hazards. I understand it is the express intent of BusyBodies, LLC to provide for the safety and protection of my child and in consideration for allowing my child to participate in this Open Gym supervised by BusyBodies, LLC, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to indemnify and hold harmless BusyBodies, LLC, its officers, employees, instructors, and assistants from all liability for any and all damages, claims, losses, and injuries arising from or in connection with this Open Gym. As parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in activities offered at BusyBodies, LLC.

MEDICAL RELEASE

I hereby give my consent to BusyBodies' staff members to render first aid to my child in the event of any injury or illness, and if deemed necessary, to call an ambulance at my expense. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of participation in activities with the BusyBodies program.

THIS ACKNOWLEDGEMENT OF RISK, MEDICAL RELEASE, AND WAIVER OF LIABILITY, HAVING BEEN READ THOROUGHLY AND UNDERSTOOD COMPLETELY IS SIGNED VOLUNTARILY AS TO ITS CONTENT AND INTENT.

CHILD'S NAME	PARENT'S NAME (please print)	PARENT'S SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		