

Waiver and Medical Release Form

GENERAL INFORMATION

Parent's Names: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____



49 Powers Road
Westford, MA
01886
978.692.9907
www.onestopfun.com

Child's Name

Date of Birth

1. _____

2. _____

3. _____

4. _____

RELEASE AND WAIVER

In consideration of participating in any activity at One Stop Fun, Nashoba Gymnastics Academy and/or ICCL Corporation (collectively, "OSF"), including without limitation, birthday parties, indoor playground, rock wall, moonwalks, trampolines, camps, open gyms, gymnastics, dance, karate, yoga and swimming, I, the child(ren)'s parent and/or legal guardian represent that I understand the nature of the activities and that I am and the above named child(ren) are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe any conditions are unsafe, I will immediately discontinue participation in such activities. I fully understand that the activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own or the above named child(ren)'s actions, inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I or the above named child(ren) incur as a result of my or the above named child(ren)'s participation in the activities. I hereby release, discharge, and covenant not to sue One Stop Fun, Nashoba Gymnastics Academy, and/or ICCL Corporation, their respective administrators, directors, agents, officers, managers, members, volunteers, and employees (the "Releasees") from all liability, claims, demands, losses, or damages, on my account or the child(ren)'s account caused or alleged to be caused in whole or in part by the negligence or the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, the child(ren) or anyone on my or the child(ren)'s behalf, makes a claim against any of the Releasees, I will defend, indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim, including without limitation litigation expenses and attorneys' fees. I hereby give permission to OSF and the medical personnel selected by OSF to order x-rays, routine tests, treatment and transportation for me and the above named child(ren). In the event I cannot be reached in an emergency, I hereby give permission to OSF and the medical personnel selected by OSF to secure and administer treatment, including hospitalization, for me and the above named child(ren).

I have read this Release and Waiver and understand that I have given up substantial rights by signing it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. I release permission for use of my child(ren)'s picture for promotional material including brochures, advertisements, or One Stop Fun website.

Please list any current or previous accidents, illnesses or physical limitations that would stop or prevent your child from participating in any of the above referenced activities; otherwise, please state "NONE".

1) Allergies: _____

2) Medications: _____

3) Physical Limitations or situations: _____

Read and agreed to by: (Parent/Guardian) _____

Date: _____