



BIRTHDAY PARTY WAIVER FORM

(Please Print and bring to the party. All children must have signed form before participating)

PARTY INFO				
Party date:				
FAMILY INFO				
Last name:		Mother / Father Name:		
Main contact phone #:		Email:		
Street address:		City	State:	Zip code:
PARTICIPANT INFO				
Child's First Name:	Child's Last Name:	Birth date:	Age:	Sex:
				M F
				M F
				M F
				M F

PARENTAL RELEASE	
<p>I hereby give my consent for my child to participate in birthday party activities at Victory Training Center LLC. I am fully aware that these birthday party activities present a risk of injury. I further acknowledge, understand, appreciate and agree that my or my child's participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. I am fully aware of and appreciate the risk and damages that might occur as a result of my child's participation in or attendance at this birthday party. In consideration of your accepting my registration, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights or claims for any damages I or my child(ren) may have against Victory Training Center LLC and any of its representatives, successors or agents for any and all injuries sustained or suffered by myself or my child(ren) at any activity sponsored by these groups. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in this birthday party.</p>	
My signature indicates my (our) agreement with the Parental Release	
Parent/Guardian signature	Date: