

Talent Academy

4835 Highway 6 Missouri City TX 77459

PLAYGROUND/GYM/ SCHOOL GROUNDS & VICINITY RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name: _____ M F Birthdate: _____

Address: _____
Street City State Zip

Legal Guardian/Parent Name: _____

Home Phone: _____ Cell Phone: _____

In consideration of allowing my child to participate in activities associated with Talent Academy, I/we shall release, waive, discharge and covenant not to sue Talent Academy, their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of Talent Academy, its agents and employees or otherwise while the named participant participates in the playground/Gym/school grounds and vicinity at Talent Academy.

I/we further agree to indemnity Talent Academy, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which Talent Academy, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against Talent Academy, their agents and employees on account of injury to the person or property resulting in the death of the named participant except in case of gross or willful wanton negligence of Talent Academy, their agents or employees and whether or not such liability is sole, joint or several.

I/we am (are) aware that participation on the playground/Gym may present a strain on my child's body, or its parts and there I/we represent to Talent Academy, that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning playground/Gym/school grounds and vicinity activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for the safety of my child. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the supervisor. I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of it significance. I/we have executed this release on this date indicated next to my name.

Signature of Parent/Legal Guardian

Date

Talent Academy * 4835 Hwy 6 Missouri City TX 77459 * 281-242-0989

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