



OPEN GYM/PRIVATE LESSON/EVENT WAIVER

Participant Release and Waiver Form Rev. 7/2020

Participant's Name

Parent/Legal Guardian Name

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I,

_____, as parent or legal guardian of _____,

minor (hereinafter "minor") hereby grant the permission necessary to allow Minor to participate in the class conducted by "Magic All Stars." I acknowledge and agree, in my own behalf and on the behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the classes. In the event of such illness or injury, I authorize "Magic All Stars." to obtain necessary medical treatment for the Minor. I further acknowledge and understand that I will be responsible for any and all medical and related costs that may be incurred on behalf of the Minor for illness of injury that the Minor may sustain during the classes and while traveling to and from the class site.

I, in my own behalf and on behalf of the Minor, further agree to release and hold harmless Releasees for any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the "Magic All Stars" classes, including traveling to and from the classes. I further expressly agree to indemnify and hold harmless Releasees and Releasees heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to the Minor in any way from the forgoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during the Minor's participation in the facilities activities, that the Parent holds full responsibility for the Minors actions in the event that the Minor may be found by a court of law to maintain a lawsuit against "Magic All Stars", it's owners and instructors on the basis of the Minor's claim from which I have released the Minor herein.

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf and on the behalf of the Minor, am aware that this Release and Waiver releases from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and behalf of the Minor have signed the document voluntarily and of my own free will. I, in my own behalf and behalf of the Minor have read this completely and understand the terms, and agree to be bound by its terms.

I grant Magic All Stars, its subsidiaries, affiliates, licensees, successors, assignees, management and employees the right to use my child's name, voice, musical, renditions, and my likeness, image and picture of my child for any lawful purpose whatsoever, regardless of whether or not I am ever employed by or remain employed by Magic All Stars. I waive my right to inspect and/or approve the finished product or the advertising copy. I also release, discharge, and agree to save and hold Magic All Stars, and it subsidiaries, affiliates, licensees, successors, assignees and management and employees harmless from any liability by reason of blurring, distortions, alterations, optical illusions or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the pictures or recording or in the processing or completion of the finished product. All work performed or products produced by me or my child are the property of Magic All Stars, and its affiliates.

WARNING: An inherent risk of exposure to COVID -19 exists in any public space where people are present. COVID-19 is a contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. By entering this location and participating in meetings, classes, programs and special events, you voluntarily assume all risks related to exposure to COVID-19.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Above Signed _____ Relationship to Minor: _____

Cell #: _____ Email: _____