



### Waiver of Liability

Child's First and Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

Child's First and Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

Child's First and Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

Parent/Legal Guardian First and Last Name \_\_\_\_\_

Address City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement Notice: This is a legally binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Results Health and Fitness Club, and its owners, directors, officers, advisors, employees, agents, instructors, volunteers, childcare workers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of Results Health and Fitness Club childcare service, including but not limited to, personal injury, property damage, bodily harm, injury, liability, claims, demands, damages, cost, expenses, actions and causes of action in respect of death, loss or damage to the child, or by the child, regardless of cause or to arise by reason of or during participation in the Results Health and Fitness Club Childcare. I understand I must pay the set childcare fee. I understand that if my child should become inconsolable, I am responsible to attend to my child/children. This Agreement shall be governed by and construed in accordance with the laws of the State of Maryland, without reference to conflicts of laws or choice of laws rules. All legal actions relating to this Agreement shall be brought in the state or federal courts located in the State of Maryland. By signing below I consent to be contacted via telephone, and text messages on behalf of Results Health and Fitness Club at the telephone number provided. Signing this form is voluntary. However use of the childcare is dependent on signature.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_