

# therapy works

I, \_\_\_\_\_ (Print Full Name), am the parent/legal guardian of the Child(ren) named below or I have obtained permission from the parent/legal guardian of the Child(ren) named below to sign this agreement on their behalf.

I give permission and accept full responsibility for the Child(ren) to participate in the activities at THERAPY WORKS OF WILMINGTON,LLC. As a Condition to the Child(ren)'s participation in the activities and by signing this form, I acknowledge and agree that:

- \* The operator(s) of this facility have advised me of the proper use and possible hazards of the activities.
- \* The Child/Children and I are solely responsible for deciding whether or not to participate or to rely upon any instructions, advice, or information regarding the activities
- \* It is not THERAPY WORKS OF WILMINGTON, LLC's purpose to teach safety before, during or after participation and use of the structures/equipment.
- \* I am solely responsible for the decision to allow the Child to participate and use the structures/ equipment.
- \* I am of legal age and mental competence to knowingly give this acknowledgement and release, which shall legally bind me and the Child(ren) and our personal representatives, executors, heirs, and assigns.

I HEREBY RELEASE AND WAIVE, ANY AND ALL CLAIMS , KNOWN AND UNKNOWN, THAT THE CHILD/CHILDREN OR I MAY NOW OR LATER HAVE AGAINST THERAPY WORKS OF WILMINGTON,LLC, ITS MEMBER(S), OFFICER(S), INSTRUCTOR(S), OPERATOR(S) AGENTS, OR REPRESENTATIVES RELATED TO ANY ACT, OMISSION, STATEMENT, OR OCCURRENCE DURING OR RELATED TO THE USE OF THE STRUCTURES/ EQUIPMENT OR THE FACILITY, FOR , LIABILITY FOR DIRECT, INDIRECT, VICARIOUS, PUNITIVE AND ANY OTHER DAMAGE WHETHER SUCH PARTY WAS INFORMED OR WAS AWARE OF THE POSSIBILITY OF SUCH LOSS OR DAMAGE.

\_\_\_\_\_  
Child's Name (Print)      Date of Birth      Child's Name (Print)      Date of Birth

\_\_\_\_\_  
Child's Name (Print)      Date of Birth      Child's Name (Print)      Date of Birth

\_\_\_\_\_  
Parent/Guardian Signature      Date

Phone \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

*By providing your e-mail address, you acknowledge subscribing to our e-mails including discount offers, special events, and Kids Blvd news.*

### Photo/Video Release

I hereby give my consent to THERAPY WORKS OF WILMINGTON,LLC, to photograph, film, videotape, and then use, reproduce, and publish said images of me and/or my child listed above. I agree that photographs, film, or videotapes thereof shall constitute the sole property of THERAPY WORKS OF WILMINGTON,LLC with full right of disposition in any manner whatsoever. I hereby release THERAPY WORKS OF WILMINGTON,LLC and their legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, and/or publication of the images thereof for marketing their services only and not for sale of images.

\_\_\_\_\_  
Parent/Guardian Signature      Date

**\*Please be aware that it is REQUIRED for all children to wear socks while they are in**