

# The M.A.C. Birthday Party Registration Form

Please fill out and bring with you when dropping your child off at The M.A.C.

Child(s) Name: \_\_\_\_\_ Age(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been a member of The M.A.C.?    Yes    No

Would you like to receive our newsletter with discounts and upcoming events?    Yes    No

If yes, email address: \_\_\_\_\_

## Assumption of Risk – Waiver of Liability – Medical Authorization – Photo Release

- 1) I understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the participant's actions or inactions, those of others participating the activity, the conditions in which the activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at the time. I fully accept and assume all such risks and all responsibility for the losses, cost, and damages that may result from the activity. I hereby give my approval of and consent to the child(ren)'s participation in the activity. I assume all risks and hazards incidental to the activity and to transportation to and from the activity.
- 2) I hereby release, acquit, covenant not to sue, and forever discharge the M.A.C., its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers and supervisors from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the child(ren)'s participation in the activity.
- 3) I authorize The M.A.C. to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the child(ren) require such assistance, transportation, or services as a result of injury or damage related to participation in the activity. If the child is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.
- 4) I am aware that individual or group publicity photos or videos may be taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in publicity or advertising.

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN's signature

\_\_\_\_\_  
Date