

**Release and Waiver of Liability**

**Please read carefully.**

**This is a legal document which affects your legal rights**

**Understanding Your Risk:**

I understand that my child/children/dependents are voluntary participants in the activities offered by Single Parent Support Network, Church of the Servant & Gattitown including but not limited to use of equipment, facilities and the premises. I assume all risk of injury or disability that may result from participating in activities at the Queen For A Day event. I understand that Gattitown has go carts, bowling, mini golf course, extra activities with Single Parent Support Network, extra activities with Church Of The Servant Child Care Facility and that using equipment and participating in the extra activities has inherent risks. I have explained this risk to every person listed in my party below. My child/children/dependents want to participate at the facility and I assume all of the responsibility for injury that may occur.

**Understand Your Liability:**

I understand that my child/children/dependents will be engaged in recreation and fun sporting activities at Gattitown with the Single Parent Support Network and I understand that participation is voluntary and I am making an informed decision to release any future lawsuits or claims against the above stated parties.

I, therefore, agree to hold Gattitown, Single Parent Support Network and Church Of The Servant, its affiliates, officers, directors, agents, employees as well as the property owner and tenants of the property, harmless for any and all claims or causes of action arising out of my child/children/dependent's participation in the planned activities for the Queen For A Day event.

**Please Circle your choice:**

**YES**, I grant you permission to use photos/images that include my child to be published via website, promotion materials, brochures, videos and news releases.

**NO, I DO NOT** grant permission to use photos/images that include my child to be published via website, promotion materials, brochures, videos and news releases.

**Full Release and Waiver of Liability:**

The undersigned voluntarily make and grant this Waiver of Liability, Hold Harmless Agreement, and Understanding of Risk in partial consideration (in addition to the monies paid to Gattitown & Single Parent Support

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**Parent/Guardian signature**

**Health Information:**

Any current health conditions/disabilities we should be aware of? If yes, please explain.

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Medications:

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Any Medications that need to be taken during activity? If yes, please explain.

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Allergies:

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Health Insurance Company:

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Insurance Group # and ID #:

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Family Doctor and Phone #:

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Preferred Hospital:

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**Complete this section below if Parent or Guardian signing for your child/ dependent under 18 years old.  
Please note: All minor children must have a waiver signed by a parent or legal guardian. By signing below  
you grant Single Parent Support Network permission to provide medical care and to give authority to any  
medical provider to give immediate care to your child/dependent.**

Complete information below for all participants under 18 years old:

Child: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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