

Special guest appearance! Please feel free to wear your own superhero costume.

Place: Westosha Legacy Athletic Club
2449 Pierce Drive, Spring Grove, IL

RSVP:

Time:

Date:

For:

westoshalegacyac.com

westlegacyac@gmail.com

815-675-3005

Spring Grove, IL 60081

2449 Pierce Drive



Gymnastics * Ninja Zone * Tumbling * Cheer * Stealth Fitness
Birthday Parties * Open Gym * Nerf Wars * Ninja Night * Fundraising Events



WLAC Release and Acknowledgments

HOLD HARMLESS AGREEMENT

I hereby give my permission for my child _____ to participate in the program(s) at Westosha Legacy Athletic Club, LLC (WLAC) and The Ninja Zone. I hereby accept all risks and responsibilities for the use of the premise, area, and/or facility including the use of the equipment. I further agree to indemnify and hold harmless the staff and owners of WLAC and The Ninja Zone, including the corporate officers, from all liability claims, demands, actions, and causes of actions, that may arise out of the use thereof.

I hereby declare myself and/or my child to be physically sound, having medical approval to participate in activities of Westosha Legacy Athletic Club, LLC and The Ninja Zone. In the event of an injury, I hereby give my permission to Westosha Legacy Athletic Club, LLC, and The Ninja Zone, staff to render any first aid emergency treatment to my child while participating in any activity of Westosha Legacy Athletic Club, LLC and The Ninja Zone. It is understood that in an emergency situation, a conscientious effort will be made by the staff to inform the parent(s) or guardian(s). I accept responsibility for any and all medical treatment rendered to myself or my child. I grant Westosha Legacy Athletic Club, LLC and The Ninja Zone staff permission to transport or call for transport to an area hospital or treatment facility if it is deemed necessary. By signing below, I acknowledge and agree with the statements disclosed above as well as the Rules and Policies which can be provided to see if necessary. To ensure the safety of my child, I will update any changes in my contact information as necessary.

I further give my permission for my child to be photographed and/or videotaped during all classes, rehearsals, and performances.

Authorization of Medical Care

In case of illness or injury while with Westosha Legacy Athletic Club, LLC and The Ninja Zone. in case a parent cannot be reached, staff of Westosha Legacy Athletic Club, LLC and The Ninja Zone may authorize medical care and treatment for the above named child.

I HAVE READ AND UNDERSTAND THE TERMS OF THE AGREEMENT:

Signature: _____ Date: _____
Print Name: _____ email: _____
Phone #: _____

