

**Wolverine Elite All Stars Inc
Birthday Party Waiver/Release Form**

In consideration of the participation of _____ (*Please Print Child's Name*) in the Wolverine Elite All Stars Inc Birthday program, I, said child's Parent/Guardian, hereby release and hold harmless Wolverine Elite All Stars Inc, its agents, employees and officers, from any and all liability for damages, including consequential damages attributable to or connected with any injury sustained by said child while participating in said program and arising out of the natural or probable risks of such activity.

Any activity involving motion and/or height creates the possibility of serious injury to the head or other parts of the body. Such injury could include permanent injury or even death.

The undersigned is not aware of any physical or mental impairment in the child that would prevent them from participating in this activity.

Allergies or Special Health Problems

Participant Name: _____ Age: _____

Parent/Guardian: _____ Phone: _____

2nd Phone: _____ Email: _____

Address: _____
(Include postal code)

Emergency Contact Name & Telephone: (*Please note relationship to child*)

Signature of Parent/Guardian

Date

Office Use Only

Party Name: _____

Party Date: _____