



**44380 N. Groesbeck Hwy.
Clinton Twp, MI 48036
1/4 mile south of Hall rd. (M-59)**



**469-2582
(586)
Phone:**



I, recognize that there are risks and hazards associated with any of the birthday party activities. I understand that my child(ren) may suffer severe or catastrophic injuries associated with these activities including permanent paralysis or death.

Being fully aware of and appreciating the risks involved in these activities, I hereby consent for my child(ren) to participate in any and all Cutting Edge Athletics, L.L.C. activities. I acknowledge that I have made my child(ren) aware of the possibility of such injuries. I ACCEPT ALL RISKS associated with my child(ren)'s participation in these activities.

In consideration for my child(ren)'s participation, I hereby, for my child(ren) and their heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE, Cutting Edge Athletics, L.L.C., its officers, directors, shareholders, employees, contractors and volunteers from liability resulting in damages or injuries incurred as a result of participation in the above referenced activities including those resulting from acts of negligence.

I fully understand that Cutting Edge Athletics, L.L.C., staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize Cutting Edge Athletics Staff to render first aid to my child(ren) in the event of an injury or illness and if deemed necessary by Cutting Edge Athletics, L.L.C., Staff, to seek medical help, including transportation by Cutting Edge Athletics, L.L.C. staff or ambulance to a health care facility or hospital.


Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by my child(ren) as a result of any injury sustained while participating in activities with Cutting Edge Athletics, L.L.C. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child(ren)'s participation, I hereby grant my permission for my child(ren)'s likeness to be used in Cutting Edge Athletics publicity.

Parent Signature: _____


Child's Name: _____

Phone Number: _____

Email Address: _____ Yes, I would like to receive Cutting Edge Athletics' monthly newsletter



CELEBRATE!



FOR: _____

WHEN: _____

TIME: _____

WHERE: _____

RSVP: _____