



WAIVER OF LIABILITY-ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES-MEDICAL AUTHORIZATION

As a participant and/or parent/legal guardian of the child(ren) listed below, I hereby consent to my/their participation in one or more of the programs offered through Mom2Mom. I understand that participation in the facility and other activities may result in unavoidable injuries and accidents.

In consideration for my personal and/or my child(ren) usage of the facilities where Mom2Mom meets, I, on my own behalf and on the behalf of my children and our respective heirs, administrators, executors, and successors hereby covenant NOT TO SUE AND FOREVER RELEASE Mom2Mom, and its leadership from all liability, damages, and/or injuries my child or myself may suffer while in the company of, while participating, or while under the supervision of Mom2Mom workers.

I recognize further that I have registered either online or in person with a member of Mom2Mom Leadership Team and have emergency contact information on file with Mom2Mom Leadership Team.

In the event of an accident or emergency, I would like myself or child(ren) taken to the hospital of emergency personnel discretion for medical treatment and hold Mom2Mom and its representatives harmless in the execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by myself or child(ren) as a result of any injury or accident sustained while meeting at Mom2Mom.

I have read and understand the ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in the agreement.

LIST BELOW PARTICIPANT'S NAME AND ALL CHILDREN FROM ONE FAMILY

Parent Printed Name _____ (required)

Parent Phone Number _____ (required)

Parent Email Address _____ (required)

Parent Signature _____ (required) Date _____

*****IF YOU ARE SIGNING FOR CHILDREN UNDER 18, YOU MUST BE THE CHILD'S PARENT OR COURT APPOINTED LEGAL GUARDIAN TO SIGN THIS FORM>**