



Valley Wellness Center  
 4415 Innovation Way  
 Allentown, PA 18109  
[www.valleywellnesscenter.co](http://www.valleywellnesscenter.co)  
 610-443-2221 tel

**SPONSORING MEMBERS MAY NOT  
 CHECK ANOTHER PERSON'S CHILD  
 INTO OR OUT OF VALLEY WELLNESS  
 CENTER**

**AGREEMENT REGARDING MINOR CHILD/CHILDREN IN CARE OF SPONSORING MEMBER**

1. REQUEST FOR ADMISSION OF CHILDREN. I hereby request that Valley Wellness Center (VWC) admit onto its premises under the supervision of the undersigned Sponsoring Member each of the following minor children ("Children") of the undersigned Parent or Legal Guardian:

CHILD'S FULL NAME	DOB	PARENT/GUARDIAN PHONE	ADMISSION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY TO CHILDREN. I understand and agree that there are risks of significant injury to the Children, whether caused by the Children or someone else, in their use of or presence on VWC premises. I understand and agree that these risks of injury include, but are not limited to, slips, trips, falls, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my own behalf, and on behalf of each of the minor Children above, I fully understand, voluntarily accept, and specifically assume these risks of injury to the Children.

3. WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT. On my own behalf, and on behalf of each of the minor Children above, I agree to release and discharge from all liability, and waive all claims, demands and actions against, VWC, Inc. and its owners, operators, subsidiaries, affiliates, employees, agents, vendors and volunteers (collectively, "VWC") for any and all injuries, harms, or damages sustained by any of the Children in connection with their use or presence on the premises, or their use of facilities, equipment, services, programs or activities within or outside its centers, resulting or arising from the negligent acts or omissions of VWC, or the negligent acts or omissions of me, any of the Children, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold VWC harmless against any and all claims brought by anyone against VWC related to such injuries, harms or damages.

4. SPONSOR RESPONSIBLE FOR SUPERVISION, MEDICAL DECISIONS WHILE ON PREMISES. If I am a Sponsoring Member, I agree that I will supervise the Children in accordance with VWC policies and will be responsible for their conduct at all times while they are on the premises. In the event the Children are involved in an accident or incident that requires medical attention, I agree that the Sponsoring Member will be responsible for making all decisions related to medical and survival procedures for the Children, including but not limited to decisions about medical care, the administration of drugs, the performance of life-sustaining procedures, and transportation and admission to any hospital, health center or medical clinic.

By signing this Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to its terms.

_____	_____	_____	_____
Print sponsoring member's name	Sponsoring member's signature	Date	Membership#
_____	_____	_____	
Print name of parent or guardian	Signature of parent or guardian	Date	

**\*\*PLEASE DO NOT BRING CHILDREN TO VWC IF THEY ARE ILL OR HAVE DIARRHEA SYMPTOMS\*\***