



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

## Guest Participation Waiver

All participants and students must complete this form before participating in any VWC-hosted activity. If participant is under age 18, a parent or guardian must also sign this form.

Admission to event/activity will not be granted if this form is not received prior to class and is not properly signed.

### PLEASE PRINT CLEARLY

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact (If different from parent)

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Emergency Number(s) (If different from number listed above)

**Please list any medical conditions, injuries, allergies, etc.**

**Waiver of Liability**

I, \_\_\_\_\_, recognize and understand the risks of physical injury inherent to physical activities. I hereby release VWC, its affiliates, event sponsors, employees and instructors from all liability for injuries sustained or illnesses contracted while attending or participating in any VWC-hosted event. I agree to indemnify, defend, and hold harmless VWC, its affiliates, event sponsors, employees and instructors for liabilities, costs and judgments arising from acts of omissions committed by me or my child which result in injury or damage to any person or property. Initials: \_\_\_\_\_

**Protection of Property**

I understand and agree that it is my sole responsibility to safeguard my personal property while attending or participating in any classes, parties, or activity. I hereby release VWC, its affiliates, event sponsors, employees and instructors from all liability for loss or damage to my personal property while attending or participating in VWC-hosted events. I also agree to abide by any rules, regulations and policies set forth by VWC. Initials: \_\_\_\_\_

**Medical Attention**

In case of physical injury or medical emergency, I hereby authorize VWC to make necessary arrangements to transport myself or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if my child is under 18 years of age, I understand that VWC will attempt to notify the person(s) I have named above as my emergency contact(s) of my condition and how to reach me. Initials: \_\_\_\_\_

**Photo Release**

VWC reserves the right to use photographs and videos taken during classes or other affiliated events for the purposes of instruction, advertising and promoting VWC and its programs. Students, or parents of students who are minors, who do not wish to comply with this policy must notify VWC prior to participation in class. Initials: \_\_\_\_\_

**Acknowledgement of Waiver**

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my or my child’s participation in this activity, and that I will pay any medical costs that may be attendant as a result of injury to me or my child. Initials: \_\_\_\_\_