

STUDIO ONE WELLNESS, Inc.
Minor Release and Waiver of Liability

I, _____, the parent and/or legal guardian of my child(ren)
(print name legibly)

<i>(Child #1 First & Last Name)</i>	Age _____
<i>(Child #2 First & Last Name)</i>	Age _____
<i>(Child #3 First & Last Name)</i>	Age _____

do hereby waive, release and forever discharge Studio One Wellness, Inc., its respective agents, employees, officers, directors, shareholders, successors and assigns from any and all claims and causes of action of any kind or nature which are in any way related, directly, or indirectly, to the use of the Studio One Wellness which I may have or that hereafter may accrue including any such claims or causes of action caused in whole or in part by the negligence of Studio One Wellness, Inc., its respective agents, employees, officers, directors, shareholders, successors and assigns. I understand that my child is here at my own risk and expense and agree that neither I nor my child will bring any claim or cause of action of any kind or nature against Studio One Wellness, Inc, its respective agents, employees, officers, directors, shareholders, successors and assigns. I further agree to indemnify, defend and hold harmless Studio One Wellness, Inc., its respective agents, employees, officers, directors, shareholders, successors and assigns from any claims or causes of action of any kind arising from my or my child's use of the childcare area.

Further;

1. **CHECK-IN / CHECK-OUT:** I acknowledge that I am the parent and/or guardian of this/these children. **I fully understand that the child(ren) must be dropped off and picked up by the same parent/guardian unless arranged otherwise in advance.** If there are any concerns or questions over guardianship, a picture ID will be required for pick-up and drop-off and a phone call made to the dropping-off parent.
2. **ILLNESS:** I understand that if my child(ren) become(s) ill during the course of the evening, I will be contacted and will immediately come and pick them up. Studio One Wellness and its employees are not responsible nor will they be held liable for my child(ren)'s illness.
3. **EMERGENCIES:** In the event of illness, accident or injury to your child, childcare personnel will perform any minor emergency medical procedures necessary for your child's safety until the parent and/or emergency personnel can be presented. In the event of an emergency, I give Studio One Wellness and its personnel the permission to contact 911 (Emergency Services) to aid in the care of my child. In the event of an emergency where evacuation of the studio becomes necessary, children will be escorted to a secure area outside the premises at which time normal pick-up procedures can be followed. Our primary concern in such emergency situations is the safety and accountability of each child at all times.
4. **BEHAVIORIAL ISSUES:** I understand that I, the parent/guardian am responsible for the behavior of my child(ren). Uncontrollable or disrespectful behavior will not be tolerated. If my child(ren) behave(s) improperly, I will be contacted to pick-up my child immediately. Childcare personnel shall have no responsibility for reprimanding or punishing children or correcting unruly or inappropriate behavior of children during the event.
5. **PHOTOGRAPHY:** I authorize Studio One Wellness to use and reproduce any photographs, audio, and/or video recording of my children for advertising or marketing purposes and understand that neither I nor my children will receive any remuneration for such recordings.
6. **MEDICATION:** I understand that Studio One Wellness personnel shall not be responsible for administering any (prescription or over-the-counter) medication.
7. **EQUIPMENT:** Other than normal wear and tear that occurs to fitness equipment in my child's fitness class, I understand that I am fully responsible for any damages my child my incur on Studio One property including electronics, plumbing, furniture, fixtures, glass, etc.

I acknowledge that I have read, understood and I voluntarily agree to abide by all of the rules of Studio One Wellness as listed above and communicate said rules to my children. The undersigned hereby represents and warrants that she/he is the parent and/or legal guardian of the above named child(ren).

Parent/Guardian Signature: _____ Date: _____

Please print two (2) phone numbers where we might be able to reach you in case of emergency.

1. _____ 2. _____