

PARTY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

I REPRESENT THAT MY CHILD IS IN GOOD PHYSICAL  
CONDITION, AND HAS NO DISABILITIES, IMPAIRMENTS  
OR AILMENTS PREVENTING PARTICIPATION IN THE  
CLUB at WOODBRIDGE'S GRADUATION LOCK-IN

PROGRAM. I APPRECIATE THE DANGER OF  
PHYSICAL STRESS, STRAIN, OR INJURY AND I  
ACCEPT FULL RESPONSIBILITY FOR MY



CHILD'S USE OF ANY AND ALL  
- APPARATUS, APPLIANCE, FACILITY,  
PRIVILEGE OR SERVICE WHATSOEVER,  
OWNED AND OPERATED BY THE CLUB at  
WOODBRIDGE AT HIS/HER OWN RISK  
AND SHALL HOLD THIS CLUB, IT'S SHAREHOLDERS,  
DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES  
AND AGENTS HARMLESS FROM ANY AND ALL LOSS,  
CLAIM, INJURY, DAMAGE OR LIABILITY SUSTAINED OR  
INCURRED BY CHILD OR BY HIS/HER PROPERTY  
RESULTING THEREFROM.



CHILD'S NAME:

(print)

PARENT/GUARDIAN NAME:

(print)

PARENT'S SIGNATURE:

STUDENT'S SIGNATURE/D.O.B

(must be 18 yrs. to sign)

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