

## WAIVER/RELEASE FORM STARS VIPERS TRAINING CENTER

Participant's Name	Parent/Legal Guardian Name
TRAINING CENTER. I acknowledge and agree, i acknowledge that the Minor is assuming the risk the event of such illness or injury, I authorize STA medical treatment for the Minor. I further acknowledge and all medical and related costs that may be inc Minor may sustain during the classes and while to and on behalf of the Minor, further agree to release for negligence or any other claim, judgment, loss,	and sufficiency of which are hereby acknowledged, I,, As parent or legal guardian of, Minor (hereinafter "minor") hereby Grant ipate in the class conducted by STARS VIPERS in my own behalf and on the behalf of the Minor, of such illness or injury by participating in the classes. In ARS VIPERS TRAINING CENTER to obtain necessary ledge and understand that I will be responsible for any urred on behalf of the Minor for illness of injury that the raveling to and from the class site. I, in my own behalf se and hold harmless Releases for any and all liability, liability, cost and expenses (including, without
hold harmless Releases and Releases heirs, suc loss from any further claims, demands or actions other person or persons on account of damages the forgoing activities. I further agree to reimburse costs Releases may have to pay as a result of an document, I acknowledge that if anyone is hurt or the facilities activities, that the Parent holds full re Minor may be found by a court of law to maintain	the classes. I further expressly agree to indemnify and cessors, assigns, executors and administrators against that may subsequently be brought by Minor or by any of any character resulting to the Minor in any way from e and to make good to Releases any loss, damages or y such action, claim or demand. By signing this property is damaged during the Minor's participation in esponsibility for the Minors actions in the event that the a lawsuit against STARS VIPERS TRAINING CENTER
I, in my own behalf and on behalf of the Minor, he in its entirety and fully understand its contents. I, aware that this Release and Waiver releases from voluntary and knowing assumption of the risk of it Minor have signed the document voluntarily and Minor have read this completely and understand STARS VIPERS TRAINING CENTER its subsidial management and employees the right to use my likeness, image and picture of my child for any lar am ever employed by or remain employed by ST.	njury or illness. I, in my own behalf and behalf of the of my own free will. I, in my own behalf and behalf of the the terms and agree to be bound by its terms. I grant aries, affiliates, licensees, successors, assignees, child's name, voice, musical, renditions, and my wful purpose whatsoever, regardless of whether or not I ARS VIPERS TRAINING CENTER. I waive my right to a advertising copy. I also release, discharge, and agree
successors, assignees and management and emblurring, distortions, alterations, optical illusions of otherwise, that may occur or be produced in the t	ployees harmless from any liability by reason of or use in composite form, whether intentional or aking of the pictures or recording or in the processing or rmed, or products produced by me or my child is the
Signature of Parent/Legal Guardian	Date
Name of Above Signed	Email
Relationship to Minor	Phone #