



6548 Anthony Drive, Suite B, Victor, NY 14564
585-924-2467

Waiver and Release Form

I, _____ have given my permission for _____ to participate at Adventures in Movement and Sensation, Inc. (AIMS). I understand that participation involves engaging in physical activities including, but not limited to running, jumping, crashing, climbing, swinging and balancing and that these activities may involve the use of equipment designed for such purposes. I understand that there is inherent risk associated with these activities including the risk of physical injury and that if I have any questions regarding these activities, I will ask a representative of the AIMS Center.

My signature certifies that I have read this Waiver and Release Form, that I am aware of the risks involved in participation at the AIMS Center and that _____ is/am physically able to participate. I hereby release Adventures in Movement and Sensation, Inc., its employees, representatives and volunteers from any and all suits, claims, actions, causes of action, losses, or damages for personal or property damages that may occur to participants in this activity, whether such injury or damage is caused by the acts or omissions, negligence or misconduct of any employee, representative or volunteer of the AIMS Center.

In the event of an emergency, I consent to the administration of any medical or other care that may be deemed appropriate under the circumstances. In an emergency, please contact the following person(s) in the following order:

<u>Emergency Contact</u>	<u>Relationship</u>	<u>Contact Number</u>
_____	_____	_____
_____	_____	_____

Participant Signature: _____ Date: _____

I hereby certify that I am the parent or guardian of _____, and that I declare that I give my consent for _____ to participate in activities taking place at Adventures in Movement and Sensation, Inc. I have read this document and execute it on his/her behalf.

Signature: _____ Date: _____