***Cornerstone Therapies***

18700 Beach Blvd Suite 120, HB, CA 92648

*Group Fitness Class*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent / Release of Liability** \*\*\*\* PLEASE READ CAREFULLY \*\*\*\*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ admit knowingly that I have enrolled my child in an online physical fitness and play based program that includes, but is not limited to, running, jumping, balance activities, strength training, playing games, skipping, using playground equipment (for example, rubber balls steps, jump ropes) and exercising sponsored by Cornerstone Therapies in Huntington Beach, Ca.. In consideration of my entry and my own free will, I (the undersigned) do hereby, for my child and my heirs, executors, and administrators, waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind (including personal injury to my child or his/her wrongful death) against Cornerstone Therapies, it’s Owners, the Cornerstone Therapies Fitness Instructors, or any person involved in the program and all of its affiliates (including but not limited to Instructors, participants, directors, and employees,), that may arise from my participation in Cornerstone Therapies fitness class. I fully understand that I must be present at all sessions for the entire duration of the class. Though the Cornerstone Therapies Fitness Instructors will design activities that are appropriate for my child’s abilities, I acknowledge that it is my responsibility to stand by my child and monitor them to ensure their safety when performing each activity. I fully understand that my child may injure him/herself as a result of participation in this program and hereby release Cornerstone Therapies, and aforementioned facilities from any liability, now or in the future. Cornerstone Therapies Fitness Classes are not a substitute for professional medical advice or a medical examination. Prior to participating in any program, activity, or exercise you should seek the advice of your physician and other qualified health-care professionals. You understand that these exercises can be strenuous and should be done in moderation. There is an inherent risk in any exercise that, while providing some health benefits, can also cause unknown health issues. Application or reliance on the techniques, advice, ideas, and suggestions of any person associated with Cornerstone Therapies are at the sole discretion and risk of the participant and his/ her parent and guardian. You agree, by participating in any fitness program associated with Cornerstone Therapies that Cornerstone Therapies shall not be liable for any direct, indirect, special, consequential, or exemplary damages for any injury or harm to you or your child incurred in or around the property where exercise and play occurs.

Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s best telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_