VALLEY REAL LIFE | PO BOX 397 | SPOKANE VALLEY WA, 99016 | P: 509.232.0840 | F: 509.232.0848

Parent/Guardian Consent/Liability Waiver

Event & Destination: Parents' Night Out| Valley Real Life | 1831 S. Barker Rd. Greenacres, WA 99016
Date of event: March 16, 2018

Child's Name: _____

AUTHORIZATION AND CONSENT

Consent Waiver: In consideration of VALLEY REAL LIFE, I for myself, or the minor child named above, forever waive, release and discharge VALLEY REAL LIFE from any/all injuries, claims, disputes, liabilities, or actions resulting from VALLEY REAL LIFE providing services for me/my child and for my benefit regardless of location for the dates identified above. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my own medical and emergency expenses, in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses. I hereby authorize VALLEY REAL LIFE and/or its associates, assistants, or subcontractors to photograph/film the registrant, and further authorize VALLEY REAL LIFE to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or internet. Any controversy arising out of, connected to, or relating to any matters herein of the transactions between me and the above named parties or on behalf of the minor child named below, of this Release/Waiver, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims shall be settled by arbitration through Christian Conciliation Services; and in accordance with this paragraph a judgment based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington. I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND UNDERSTAND IT.

Permission to Provide Necessary Treatment or Care: I hereby give permission to the medical personnel selected by Valley Real Life staff/leaders to order X-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange the necessary related transportation for my child. In the event I cannot be reached by emergency, I hereby give permission to the physician selected by Valley Real Life staff/leaders to secure and administer treatment, including hospitalization, for the person named above.

_____ _____ _____
Signature of Parent/Guardian if participant is under 18 yrs of age **Relationship** **Date**

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone**: _____