



Release/Waiver Form

Child's Name _____ Age _____ Sex _____

Child # 2 _____ Age _____ Sex _____

Child # 3 _____ Age _____ Sex _____

Telephone# _____

Address _____ City _____ Zip _____

Legal Parent/Guardian's Name (Print) _____

PLEASE PRINT

I, _____, the legal guardian of the child(ren) listed above;
hereby give my permission for _____, the responsible
party, to bring my child(ren) in to the Powell Wellness Center (PWC) – Kid's Corner.

We have both read, fully understand, and accept the rules and regulations listed within the PWC - Kid's Corner Guidelines. We also understand that the PWC - Kid's Corner program is a special privilege for the PWC members and guests, which is only available while utilizing the PWC facility. Access to this program may be terminated if not abiding by the PWC - Kid's Corner Guidelines. ****Children who are members may be brought in by another member or guest, for an additional fee, after filling this form out with the legal guardian's permission.**

This document MUST be signed by both parties, and witnessed by a Kid's Corner staff member.

Signature of Parent: _____

Date: _____

Signature of Responsible Party: _____

Date: _____

Staff Witness: _____

Date: _____