



NMAC Birthday Celebration Party

1 per Family must complete



Name of Parent: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Minor: _____ Age: _____ D.O.B.: _____

Name of Minor: _____ Age: _____ D.O.B.: _____

Name of Minor: _____ Age: _____ D.O.B.: _____

Name of Minor: _____ Age: _____ D.O.B.: _____

Name of Minor: _____ Age: _____ D.O.B.: _____

I hereby attest that I am fully cognizant of the risks involved in voluntarily participating in, or allowing my minor child/children to participate in the Birthday Celebration Party. I hereby release, discharge and hold harmless NMAC and its officers, directors, employees, members, instructors, agents, successors, and assigns from any and all liability that may arise, directly or indirectly, now or in the future, by reason of any injury, damage, loss, or expense incurred in connection with my and/or my minor child/children's participation in the Birthday Celebration Party, including that caused solely or in part by the fault (including but not limited to negligence, gross negligence and/or recklessness) of the above-named parties. This Release and Waiver of Liability shall be binding on my heirs, executors, administrators, successors, and assigns. I give NMAC permission to use my and/or my child's or children's likeness, image, voice and/or appearance as such may be embodied in any pictures, photos, video recordings, audio tapes, digital images, and the like, taken or made during the Birthday Celebration Party solely for marketing use on NMAC's web or social media sites without compensation.

Applicant / Legal Guardian's Signature: _____ Date: _____