

The Lifestyle Center and Kaweah Delta Health Care District

In consideration of the benefits provided by kid's activities at The Lifestyle Center, I acknowledge that my child's activities there may be physically stressful, may aggravate any pre-existing medical conditions, or could lead to injury. I am assuming all risks of injury to my child or damage to my child's property arising out of or in any way connected with their use of the services, equipment, or facilities of The Lifestyle Center during their participation in kid's activities at The Lifestyle Center.

I hereby release The Lifestyle Center, Kaweah Delta Health Care District and its staff members, officers, directors, agents, and assigns from any and all liability for any damages or injury which my child may suffer while using The Lifestyle Center's facilities as a participant in kid's activities.

This release does not apply to intentional and/or willful acts of misconduct by The Lifestyle Center, Kaweah Delta Health Care District or any of its officers, agents, employees or volunteers.

I have carefully read this agreement and fully understand its contents. I acknowledge that this is a release of liability and a legally binding contract between me and The Lifestyle Center, a division of Kaweah Delta Health Care District.

Date: _____ Signature of Parent: _____

Parent Name (Please Print): _____

Address: _____

Child's Name: _____ Telephone #: _____



5105 W. Cypress Ave. Visalia, CA 93277 (559) 624-3400
Fax (559) 635-6269