



AGREEMENT AND RELEASE FROM LIABILITY

PARTICIPATION IN ACTIVITY

I/We, the _____ Family, acknowledge that I/We have voluntarily applied to participate in the ice skating party at Space City Ice Station, hosted by Space Center Orthodontics on July, 23,2009. We also acknowledge that all children must be accompanied by an adult/guardian.

ASSUMPTION OF RISK

I/We am/are aware that ice-skating can be a hazardous activity. I/We am/are voluntarily participating in these activities with knowledge of the hazards involved, hereby agree to accept any and all risks of injury and verify this statement by placing my/our initials here: _____

RELEASE

As consideration for being permitted by Space Center Orthodontics to participate in these activities and use the facilities, I/we hereby agree that I/we, my/our assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Space Center Orthodontics or Vijay Bhagia, DMD, MS for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or contractor of Space Center Orthodontics or Vijay Bhagia, DMD, MS, as a result of my participation in this event. I/We hereby release Space Center Orthodontics and Vijay Bhagia, DMD, MS from all actions, claims, or demands that I/we, my/our assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this event.

AGREEMENT FOR PHOTOGRAPHY

I/We agree to be photographed during this party. I/We agree to allow the display of these photographs with our name(s) in Space Center Orthodontics website, newsletter and office until July 23, 2019.

KNOWING AND VOLUNTARY EXECUTION

I/We have carefully read this Agreement and fully understand its contents. I/We am/are aware that this is a release of liability and a contract between myself/ourselves and Space Center Orthodontics and Vijay Bhagia, DMD, MS, and sign it of my/our own free will.

PARENTAL RELEASE

I/We, the parents and the below listed participants, agree to be bounded by this Agreement and Release from Liability.

Parents 1)_____ 2)_____
&
Participants 3)_____ 4)_____

PARENT'S SIGNATURE _____ Date _____ 2009

Guest Participants:

Parent's Signature of Release:

1)_____ Date _____ 2009
2)_____ Date _____ 2009
3)_____ Date _____ 2009
4)_____ Date _____ 2009

Please bring this back to Space Center Orthodontics or **fax it to 281 486 4193** to have your tickets ready at the event