



ROLLER SKATING PARTY!

Participant Information:

Name of Minor Child: _____

Date of Birth: _____

Parent/Guardian Information:

Name of Parent/Guardian: _____

Relationship to Minor: _____

Phone Number: _____

Event Details

Event: [Insert Event Name]

Date: [Insert Date]

Location: Roller King Skating & Blading 889 Riverside Ave, Roseville, CA 95678-4385

Dear Parent or Guardian,

I, the undersigned, as the parent or legal guardian of the above-named minor child, acknowledge that I am fully aware of the inherent risks involved in participating in roller skating activities, including but not limited to the risk of injury or accident.

In consideration of allowing my child to participate in the roller-skating event, I hereby release, waive, and discharge God Starr Ministries and its affiliates, employees, agents, and volunteers from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury sustained by my child during this event.

I understand that this release is binding and that I am signing it voluntarily.

Thank you, and we look forward to creating an event your child will never forget!

Photo Release:

I also grant permission for reTreat Salon and Spa and God Starr to take photographs and videos during the event. I understand that these images may be used for promotional purposes, including but not limited to their website, social media, and other marketing materials.

I waive any rights to compensation or ownership of these images and understand that they may be used without further notice.

Signature of Parent/Guardian: _____

Date: _____