

Waiver Form

PARTICIPANT INFORMATION

_____	_____	_____
First Name	Last Name	Birth Date

Medical information you would like to make us aware of: _____

PARENT/GUARDIAN INFORMATION

_____	_____	_____
First Name	Last Name	Ph. Number

EMERGENCY CONTACT INFORMATION

_____	_____	_____
First Name	Last Name	Ph. Number

In consideration for participating in the activity provided on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, I hereby release, indemnify, hold harmless, and discharge the activity provider employees, their agents, owners, officers, affiliates, volunteers, participants, insurers and all other persons or entities acting in any capacity on their behalf, as follows:

1. I acknowledge that the participant's participation in the activity provided and gym activities entails known and unanticipated risks that could result in physical or emotional injury, including, but not limited to broken bones, sprained or torn ligaments, paralysis, death, or other bodily injury or property damage to the participant(s), or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to

participate in spite of the risks.

2. If I and/or my child/ward are injured, I acknowledge that I may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurer(s). I hereby represent and affirm that I have adequate and appropriate insurance to provide coverage for such medical expense. I UNDERSTAND AND AGREE THAT THE ACTIVITY PROVIDER WILL NOT PAY FOR ANY COST OR EXPENSES INCURRED BY ME IF I AND/OR MY CHILD/WARD ARE INJURED.

3. I hereby voluntarily release, forever discharge, and agree to defend, indemnify, and hold harmless the activity provider from any and all claims, demands, or causes of action, which are in any way connected with me and/or my child(ren) /ward's participation in the activity provided and/or me and/or my child(ren) /ward's use of the activity provider's equipment or facilities including, but not limited to, any such claims based upon damages caused or alleged to have been caused in whole or in part by the negligent acts or omissions of the activity provider.

4. Should the activity provider or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I am physically able to participate in all activities during the activity without aid or assistance. I further certify that I am willing to assume the risk of any medical or physical condition that I may have.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the activity provider on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I understand this Agreement, and I voluntarily agree to be bound by its terms.

I further certify that I am the parent or legal guardian of the child(ren) /wards listed above on this Agreement or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) /wards listed above.

Parent/Legal Guardian Signature

Date (DD/MM/YYYY)