



Participant Waiver/Release Form

Participant Name: _____ Birthdate: ___/___/___ Gender: M F
Parent/Guardian: _____ Phone #: _____
Contact 2: _____ Phone #: _____
Address: _____ City,State,Zip: _____
Email: _____
Emergency Contact Info: _____
Allergies/Special Needs _____ (attach Emergency Treatment Plan)
Additional Person Authorized to pick up & phone numbers: _____
Child's Physician: _____ Hospital Preference: _____

Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition might become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges: a) that he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily. b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Release of Liability

In consideration of allowing the previously-declared participant(s) to begin participation in Gym-Fit Sports Center activities, while on the premises and property of Gym-Fit Sports Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Gym-Fit Sports Center Inc., its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Gym-Fit Sports Center is conducted, or any premises under the control and supervision of Gym-Fit Sports Center Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Gym-Fit Sports Center, Inc., its owners, officers, agents, or employees.

The undersigned acknowledges, understands, appreciates and agrees for themselves and on behalf of the participant that their participation may result in possible exposure to and illnesses from infectious diseases, including, but not limited to, MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation and exposure.

Medical Emergencies

The undersigned gives permission for the Gym-Fit Sports Center, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Photo Release

I understand that my child's likeness may be used in Gym-Fit Sports Center ads, promotional videos, website material, or various other marketing. These images will be used for Gym-Fit Sports Center purposes only, and will not be given or sold to outside companies or individuals.

***I have read the above and agree.

Signature _____ Date: _____