



After School Participant Waiver/Release Form

Participant Name: _____ Birthdate: ___/___/___ Gender: M F
Parent/Guardian: _____ Phone #: _____
Contact 2: _____ Phone #: _____
Address: _____ City,State,Zip: _____
Email: _____
Emergency Contact Info: _____
School: _____ 2024-2025 Grade: _____ Dismissal Time: _____
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.

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.

Transportation Waiver

I give permission for my child to be transported in a motor vehicle driven by a Gym-Fit Sports staff member. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other staff members. I have read, understand, and discussed with my child that:

- 1. They will be traveling in a motor vehicle driven by an adult and they are to wear their safety belt while traveling.
- 2. They are expected to respect each other, the vehicles they ride in, and the people that they travel with during the trip.
- 3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers or objects.
- 4. They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury, or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Gym-Fit Sports Center, its members, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands, or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

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: _____