



Kids & Teen Fitness Classes/Programs Waiver Form

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Member: ☐ Yes ☐ No

Address: _____

Cell Phone Number: _____

Email: _____

Informed Consent / Release of Liability **** PLEASE READ CAREFULLY****

I, _____ parent/guardian of _____
knowingly admit that I have enrolled my child in a physical fitness program that includes, but is not limited to, punching/kicking a heavy bag, running, jumping and various types of calisthenic and aerobic exercise. I accept full responsibility for my child's use of any apparatus, appliance, Facility privilege, or services whatsoever owned and operated by this club at our own risk and shall hold this club, its shareholders, directors, officers, employees, representatives, and agents harmless for any and all loss, claim, injury, or liability sustained by my child resulting thereof. In addition, I acknowledge that my child has received an orientation prior to taking class/program.

Child's Name: _____

Parent/Guardian's Signature: _____

Date: _____