

	OFFICE USE (Mark 1)
	Gym
	Open Swim
	Gym & Swim
	Date
	Staff Initials
-1	

## HOMESCHOOL GYM/SWIM/LEARN & PLAY

Student's Name			
Address	City	Zip	
Date of Birth	Age		
Parent/Guardian Name(s)			
Home/Cell Phone	Email		
Emergency Contact (Differe	ent from above)		
Any allergies or health probl	lems		
WAIVER & RELEASE O	F LIABILITY		
examination from a doctor beforemember, guest, or participant) premises or off the premises in	be strenuous and subject to risk of serious is ore using any exercise equipment or participagree that if you engage in any physical ex- occluding any sponsored club event, you do sparticipating in these activities and use of the	pating in any exercise activity. You (each ercise activity, or use any club amenity on so ENTIRELY AT YOUR OWN RISK. Y	the You
amenities and equipment in the instruction (B) the sudden and	es without limitations, all injuries which ma e facility and your participation in any activ unforeseen malfunctioning of any equipme (D) Your slipping and/or falling while in the g areas.	vity, class, program, personal training or ent (C) our instruction, training, supervision	on, or
liability. You expressly agree to successors, or assigns from any	re carefully read this "Waiver and Release" or release and discharge the health club, and y and all claims or causes of action and young a legal action against the club for person	lits affiliates, employees, agents, represent agree to voluntarily give up or waive any	itatives,
	om liability shall be deemed by a court of c bility shall remain in full force and effect ar		
	owledge that I have read, understand, agree clease cannot be modified orally.	to, and will abide by, all terms of this doc	cument.
PICTURE RELEASE: I Description type coverage approved by I	O/I DO NOT (circle one) give permissi Fitness Lifestyles.	ion to have our picture appear in any m	nedia
Signature of Guardian	<u> </u>	Date	