

OFFICE USE
Gym \$38 □
Open Swim \$26 □
Package Deal \$55 □
Date
Staff Initials

HOMESCHOOL GYM & OPEN SWIM

Student's Name		
Address	City	Zip
	Grade	
Parent/Guardian Name(s) _		
Home/Cell Phone	Email	
Emergency Contact (Differ	rent from above)	
Any allergies or health prol	blems	
WAIVER & RELEASE (OF LIABILITY	
examination from a doctor be member, guest, or participant premises or off the premises i	n be strenuous and subject to risk of serious in efore using any exercise equipment or participal agree that if you engage in any physical exertincluding any sponsored club event, you do so participating in these activities and use of the	ating in any exercise activity. You (each rcise activity, or use any club amenity on the
amenities and equipment in thin instruction (B) the sudden and	(D) Your slipping and/or falling while in the	ty, class, program, personal training or tt (C) our instruction, training, supervision, or
liability. You expressly agree representatives, successors, or	ave carefully read this "Waiver and Release" as to release and discharge the health club, and it assigns from any and all claims or causes of erwise have to bring a legal action against the	its affiliates, employees, agents, action and you agree to voluntarily give up or
	from liability shall be deemed by a court of co ability shall remain in full force and effect and	ompetent jurisdiction to be invalid then the d the offending provision or provisions severed
	nowledge that I have read, understand, agree to release cannot be modified orally.	o, and will abide by, all terms of this document
PICTURE RELEASE: I I type coverage approved by		on to have our picture appear in any media
Signature of Guardian		Date