Assumption of Risk, Release of Liability and Warning

Please read before signing

In consideration for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_, (hereafter referred to as “Minor Child”) being allowed to utilize the programs, services, facilities (both onsite and offsite) and equipment available prior to or during the IGSM, LLC DBA FITKIDS TAMPA program. I voluntarily agree to assume all risks involved with my Minor Child participating in the FITKIDS TAMPA program, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being relieved, from dangerous or defective equipment or property owner, maintained or controlled by them, or because of their possible liability without fault.

1. I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons release, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my Minor Child including my Minor Child’s travel to and from this program, the following entities or persons, and/or their directors, officers, employees, coaches, agents, staff, representatives, event sponsors and event volunteers: FITKIDS TAMPA.
2. I understand that Minor Child is exposed to the risk of injuries (both temporary and permanent). I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my Minor Child’s participation in the use of programs, services, facilities and equipment of the Organizer-Affiliated Entities that cannot be specifically listed. Further, I recognize that the actions of other users may cause harm or loss to my Minor Child’s person or property.

By signing as the parent or guardian of the Minor Child, I represent that I am the legal parent or guardian of the Minor Child. I, the undersigned parent or legal guardian, acknowledge that I am also signing this assumption or risk and release or liability on behalf of the Minor Child and that the Minor Child shall be bound by the terms of this assumption of risk and release of liability.

In the case of emergency where I cannot be reached, I hereby give authorization to the Organizer-Affiliated Entities, its employees and the treating physician to obtain or provide medical treatment deemed necessary for the immediate welfare of my Minor Child as named above.

I have carefully read this assumption of risk and release of liability and fully understand its contents. I am aware that this assumption of risk and release of liability is a contract between the Affiliated Entities and myself and on behalf of my Minor Child (as named above). I sign it of my own free will.

This document will be considered effective from this date forward:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

It is strongly recommended that parents or guardians consult a physician prior to allowing their child to participate in physical activity.