



JC Health & Fitness

Participation Contract

Parent(s) Name _____ Date _____

Participates Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent Email _____ Parent Cell _____

Name of Program: _____ Location _____

Cost of Program: _____ Form of Payment _____ Date of Payment _____

Dates of Program: _____ How many sessions _____

Dates not meeting: _____ due to _____

Time of Session: _____ Discounts: _____

WAIVER/RELEASE

In consideration of JC Health & Fitness extending Membership privileges to the below named Consumer, the Consumer and User of all of the Company's facilities, classes, training, and products hereby agrees to WAIVE AND RELEASE any and all claims for injuries suffered by the consumer or children, if applicable, of the Consumer sustained or arising out of the use of programs or activities of the Company.

As a participant in Company programs, I recognize and acknowledge that there is certain risk of injury and I WAIVE RELINQUISH all claims I or my children may have as a result of participating in any program, use of services, training, activities, classes, or participation of any kind in Company programs. I further agree to indemnify, hold harmless, and defend the Company and its agents and employees from and against any claims, suits, or causes of action arising out of, in connection with, or in any way associated with the activities of the Company or its program offerings and products.

ACKNOWLEDGEMENT:

I hereby acknowledge that I have read and fully understand the registration policies of the Company as well as this Release, Waiver, and Hold Harmless Agreement. I have executed this document of my own free will and understand it is a requirement for participation in Company programs.

Parent Signature _____ Date _____

JC Staff Signature _____ Date _____