

 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 tis 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_