



Name of participant: \_\_\_\_\_ Sex: M F Date: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate phone (parent/guardian's cell): \_\_\_\_\_

Parent/Legal Guardian's email: \_\_\_\_\_ Participant's DOB: \_\_\_/\_\_\_/\_\_\_

Physician's name: \_\_\_\_\_ Date of last physical: \_\_\_/\_\_\_/\_\_\_

In case of emergency please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

1. List all current medications: (Medicine, Dosage, Reason): \_\_\_\_\_

\_\_\_\_\_

2. Has your child ever been restricted from physical activity for medical reasons?

Please explain \_\_\_\_\_

\_\_\_\_\_

3. The following people have my consent to pick up my child from Real Fit:

Name/Cell phone \_\_\_\_\_

Name/Cell phone \_\_\_\_\_

Name/Cell phone \_\_\_\_\_

## Waiver and Release of Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or even death; injury or death due to negligence on the part of the participant, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to the participant and or my partner(s). I willingly assume full responsibility for the risks that I am exposing the participant to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of Real Fit.

I acknowledge that the participant has no physical impairments, injuries, or illnesses that will endanger them or others. **Initials:** \_\_\_\_\_

## Release

In consideration of the above mentioned risks and hazards and in consideration of the fact that the participant willingly and voluntarily participates in the activities offered by Real Fit, I, the undersigned hereby release Real Fit, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon my successors, my representatives, heirs, executors, assigns, transferees, or me. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Real Fit to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child. **Initials:** \_\_\_\_\_

## Indemnification

I recognize that there is risk involved in the types of activities offered by Real Fit. Therefore I accept financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Real Fit, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission in respect of activities offered by Real Fit, at the main building or elsewhere. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to the main building, and/or any area selected for training by Real Fit.

**Initials:** \_\_\_\_\_

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

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Parent/Legal guardian Name (Please Print)

Date

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Signature of Parent/Legal Guardian (for participants under age 18)

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Witness

## Photo Release

I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of Real Fit material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the Internet or website.

Name of Minor: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_