



# Oregon Fit Participation Waiver

## Participant Information

\* Indicates required question

1. Email \*

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2. Participant Name \*

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3. Date of Birth \*

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*Example: January 7, 2019*

4. Address, City, State, ZIP Code \*

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5. Parent/Guardian Name (if Participant is a Minor) \*

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6. Parent/Guardian Phone Number \*

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## Activity Information



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7. What activity or activities are you interested in participating? \*

*Check all that apply.*

- Locomotion and Agility (Running, Jumping, Hopping, Leaping)
- Throwing and Catching all sorts of balls
- Kicking and Hitting objects
- Riding and Balance (Bicycles, Scooters, Unicycles)
- Partner or Personal Training
- Oregon Fit Class weekly
- Oregon Fit Class Drop in

## Release of Liability

Read and agree to the information below!

I agree to indemnify and hold harmless the Company, its owners, directors, officers, employees, agents, and representatives from any and all claims, liabilities, expenses, and causes of action brought by Oregon Fit.

In consideration of being permitted to participate in activities organized by Oregon Fit LLC (the "Company"), I, the undersigned, on behalf of myself and my minor child/ward (the "Participant"), agree to the following:

### 1. Acknowledgment of Risks:

I acknowledge that participation in fitness activities, including but not limited to personal training, group fitness classes, and outdoor activities, involves inherent risks, including but not limited to physical injury, property damage, and in extreme cases, death. I understand that these risks may arise from the Participant's own actions or inactions, the actions or inactions of others, or the conditions of the premises or equipment used.

### 2. Assumption of Risk:



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I voluntarily assume all risks associated with participation in the activities, including any risks that may result from the negligence of the Company, its employees, agents, and representatives.

## 3. Waiver of Liability:

I, on behalf of myself and the Participant, waive, release, and discharge the Company, its owners, directors, officers, employees, agents, and representatives from any and all claims, liabilities, expenses, and causes of action arising out of or related to any injury, loss, or damage incurred by the Participant during or in connection with participation in the activities.

## 4. Indemnification:

I agree to hold harmless Oregon Fit, its employees, volunteers, and agents, from any and all claims, costs, expenses, damages, and liabilities brought as a result of the Participant's use of services.

## 5. Medical Consent:

In the event of an emergency, I authorize the Company to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the Participant's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

## 6. Compliance with Rules:

I agree that the Participant will comply with all rules, regulations, and instructions of the Company while participating in the activities. Failure to comply may result in the Participant's dismissal from the activity without refund.

## 7. Photography Waiver

I grant Oregon Fit the right to take photographs and/or videos of class or clinic activities for promotional purposes, including social media, website content, or marketing purposes. I understand that no participants will be identified by name without additional written consent.



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## 8. Governing Law:

This waiver and release shall be governed by and construed in accordance with the laws of the State of Oregon. Any legal action arising out of or relating to this waiver shall be brought exclusively in the state or federal courts located in Deschutes County, Oregon.

## 9. Severability:

If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable to the fullest extent permitted by law.

## Parent/Guardian Consent

I, the undersigned, as the parent/legal guardian of the Participant, hereby acknowledge that I have read and understand this waiver and release of liability, and I agree to its terms on behalf of the Participant.

*Mark only one oval.*

Yes, I agree to the terms listed above.

No

Participant Printed Name

Participant Signature

Parent/ Guardian Printed Name:

Parent/Guardian Signature

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