Way2Go Fitness Registration & Release of Liability Waiver Form

1. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 2. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 3. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_\_/\_\_\_\_ 4. Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_\_/\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL ACTIVITYWhat is your child’s current level of activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child participate in team sports?\_\_\_\_\_\_\_\_ If yes, which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate number of minutes per day of physical activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL HEALTH

Are there any current or previous injuries or health conditions we should know about?

Do you know any reason why your child should not participate in physical activity? Yes or No: \_\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, do hereby verify that all of the above information is true and correct.

I agree to let my child (ren) participate in Way2Go Fitness Kids and Teens services.

I agree to pay for all services upfront and understand there is no refund for training fees for any reason.

I (OR MY ASSIGNED) AGREE TO STAY ONSITE FOR THE ENTIRE TRAINING.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

Waiver and Release of Liability: Way2Go Fitness

Health Notification

Way2Go Fitness services are not a substitute for professional medical advice or a medical examination. Prior to participation in any program, activity or exercise you should seek the advice of your physician or other qualified health-care professional. You understand that these exercises can be strenuous and should be done in moderation. There is an inherent risk in any exercise that, while providing health benefits, can also cause unknown health issues. Application or reliance on the techniques, advise, ideas and suggestions of any person associated with Way2Go Fitness are at the sole discretion and risk of the participant and his/her parents and guardians. Participants are responsible to notify Way2Go Fitness of any changes in health that may present additional risks to their health or the health of others, as they occur.

Waiver

I agree, by allowing my child(ren) to participate in any program associated with Way2Go Fitness shall not be liable to any direct, indirect, special consequential or exemplary damages for any and all injury and/or harm to you and/or your child incurred in or around the property where exercise occurs. I willingly assume full responsibility for the risks that I am exposing my child(ren) to and accept full responsibility for any and all injury or death that may result from his/her participation in any and all activity or class facilitated by Way2Go Fitness.

I hereby acknowledge that a risk of training with Way2Go Fitness, that, while Way2Go Fitness will take all reasonable steps to maintain cleanliness and to provide as germ-free of an environment as possible, My child(ren) may be exposed to COVID-19 or some other contagious virus carried by another trainee or staff member, I am knowingly and voluntarily assuming that risk, including the risk of contracting said virus, becoming ill from it, or even dying from it. I hereby waive and release any and all claims against any Way2Go Fitness, or anyone associated or affiliated with Way2Go Fitness as well as any of its owners, directors, managers, employees, contractors, and/or agents from any and all claims of liability arising from or out of any exposure to COVID-19 or any other contagious virus or disease while at the premises of Way2Go Fitness, while using any of the equipment owned by Way2Go Fitness, or from any interactions with any person at or associated with Way2Go Fitness. Further,I agree that if my child(ren) are not feeling well, They will not come to the premises of Way2Go Fitness and will take all necessary steps to avoid infecting others. Finally, I agree that if any staff member of Way2Go Fitness indicates that my child(ren) should leave due to apparent ill health, They shall immediately leave the premises and shall not return until I have recovered from said illness.

Release

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily allowing my child(ren)’s participation in the activities available at Way2Go Fitness, 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 my child(ren)’s participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. I, the undersigned acknowledge that my child(ren) has no physical impairments or illnesses that will endanger him/her or others.

In case of an Emergency

I give full permission for any person connected to Way2Go Fitness 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.

Photography/Video Release

Participants involved in any activities offered by Way2Go Fitness may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without consent or compensation on the Way2Go Fitness website and Facebook page or in any editorial, promotional or advertising material produced by Way2Go Fitness.

Indemnification

I recognize that there is a risk involved in the types of activities offered by Way2Go Fitness. I therefore accept any and all financial responsibility for any and all injury that my child(ren) or I may cause either to myself or to others. 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 will reimburse them for such fees and costs. I agree to indemnify and hold harmless Way2Go Fitness, their principals, agents, employees, and volunteers from any and all 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 while participating in activities offered by Way2Go Fitness.

Acceptance

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL AND CONSENT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT Parent/Guardian Name Today’s Date \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF Parent/Guardian