



Fitness Influence

**Fitness Influence
Gymnastics Program**

Students Name _____ **Age** _____

Address _____

Telephone # (____) _____ - _____ **Cell Phone#** (____) _____ - _____

Parents Email Address: _____

Emergency Contact: _____

Medical Doctor: _____

Childs Special Needs/Allergies: _____

Waiver:

Voluntary Participation: I am aware that gymnastics and physical fitness activities can be a hazardous activity. My minor child/ward is or I am voluntarily participating in these activities, and using the facilities of Fitness Influence with knowledge of the danger involve and hereby agree to assume full responsibility, including legal and financial responsibility for, and to accept, and all risks of property damage or loss and bodily injury, including but not limited to injuries resulting from landing, falling, injuries to bones, joints, ligaments, or tendons, head injuries, or loss of life.

Assumption of Risk: In consideration for allowing my child to participate, I hereby assume all the risks associated with the activities of gymnastics and agree to hold Fitness Influence, its officers, employees, teachers, coaches and staff harmless from any and all liability which may arise in connection with my or my child(ren)'s participation in any activities related to the program. The terms hereof serve as a release.

Statement of Health: I hereby certify that my minor child or ward or I am in good health has/have no physical limitations which would preclude his/her/me from safe participation in a variety of gymnastics and other activities.

Release and Waiver of Liability: I hereby forever release and discharge Fitness Influence and its predecessors, officers, directors, employees, successors, insurers, representatives and all affiliates from all litigation, actions claims and demand of every kind that my assign, successors, heirs, spouse, administrators, guardians insurers and legal representative have now or may hereafter have for injury or damage resulting from my or my minor child(ren)'s or ward's participation in Fitness Influence programs.

I acknowledge and understand that the activity my child is about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or to third parties. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify Fitness Influence 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's participation in this activity. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity. I have had the sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant & Parent/Guardian & Date

Print Name: _____