

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the _____ I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue _____, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participant

Signature of participant

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees. I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Date: _____

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Athlete's Medical Information

(to be completed by parents/guardians and athlete)

Athlete's Name: _____ Athlete's Birthdate: _____

Parents' Names: _____ Date: _____

Address: _____

Phone No.'s.: (_____) _____ (Home) _____ (Work) _____ (_____) _____ (Other)

Who to contact in case of emergency (if parents cannot be immediately contacted):

Name: _____ Relationship: _____

Home Phone No.: (_____) _____ Work Phone No.: (_____) _____

Name: _____ Relationship: _____

Home Phone No.: (_____) _____ Work Phone No.: (_____) _____

Hospital preference: _____ Emergency Phone No.: (_____) _____

Doctor preference: _____ Office Phone No.: (_____) _____

MEDICAL HISTORY

Part I. Complete the following:

	Date	Doctor	Doctor's Phone No.
1. Last tetanus shot?	_____		
2. Last dental examination?	_____		
3. Last eye examination?	_____		

Part II. Has your child or did your child have any of the following?

	Circle one		Circle one or both			Circle one		Circle one or both	
<u>General Conditions:</u>	Yes	No	Past	Present	<u>Injuries:</u>	Yes	No	Past	Present
1. Fainting spells/dizziness	Yes	No	Past	Present	1. Toes	Yes	No	Past	Present
2. Headaches	Yes	No	Past	Present	2. Feet	Yes	No	Past	Present
3. Convulsions/epilepsy	Yes	No	Past	Present	3. Ankles	Yes	No	Past	Present
4. Asthma	Yes	No	Past	Present	4. Lower legs	Yes	No	Past	Present
5. High blood pressure	Yes	No	Past	Present	5. Knees	Yes	No	Past	Present
6. Kidney problems	Yes	No	Past	Present	6. Thighs	Yes	No	Past	Present
7. Intestinal disorder	Yes	No	Past	Present	7. Hips	Yes	No	Past	Present
8. Hernia	Yes	No	Past	Present	8. Lower back	Yes	No	Past	Present
9. Diabetes	Yes	No	Past	Present	9. Upper back	Yes	No	Past	Present
10. Heart disease/disorder	Yes	No	Past	Present	10. Ribs	Yes	No	Past	Present
11. Dental plate	Yes	No	Past	Present	11. Abdomen	Yes	No	Past	Present
12. Poor vision	Yes	No	Past	Present	12. Chest	Yes	No	Past	Present
13. Poor hearing	Yes	No	Past	Present	13. Neck	Yes	No	Past	Present
14. Skin disorder	Yes	No	Past	Present	14. Fingers	Yes	No	Past	Present
15. Allergies	Yes	No			15. Hands	Yes	No	Past	Present
Specify: _____			Past	Present	16. Wrists	Yes	No	Past	Present
_____			Past	Present	17. Forearms	Yes	No	Past	Present
16. Joint dislocation or separations	Yes	No			18. Elbows	Yes	No	Past	Present
Specify: _____			Past	Present	19. Upper arms	Yes	No	Past	Present
_____			Past	Present	20. Shoulders	Yes	No	Past	Present
17. Serious or significant illnesses not included	Yes	No			21. Head	Yes	No	Past	Present
Specify: _____			Past	Present	22. Serious or significant injuries not included above	Yes	No		
_____			Past	Present	Specify: _____			Past	Present
_____			Past	Present	_____			Past	Present
_____			Past	Present	_____			Past	Present
18. Others: _____			Past	Present	23. Others: _____			Past	Present
_____			Past	Present	_____			Past	Present

Parental Instruction Concerning Medical Treatment

Card No. _____

Athlete's Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

Telephone Numbers: Home: _____

Work: _____

Please indicate another person to contact in the event of an accident and we are unable to reach you;

Name _____ Telephone _____

Insurance Company _____

Policy Number _____

Is this athlete presently on medication? _____

If yes, please list medication(s) _____

Drug Sensitivities _____

Other Allergies _____

Please read the alternative statements below and sign under the one that you choose.

DO NOT SIGN MORE THAN ONE!

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are done on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Signature of Parent/Guardian _____

Date _____

2. If my child needs medical treatment while participating, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all cost related to such treatment.

Signature of Parent/Guardian _____

Date _____

Coach's Name _____

Club Name _____

This form needs to be signed and returned to the Spirit Express Gym before your child can participate in any classes.

I, _____ have carefully read the entire Spirit Express Gym Manual, and understand all the information it entails. I agree to follow and abide by all Spirit Express gym policies or I am subject to dismissal from the gym.

Parent's Signature _____ Date _____
Athlete's Signature _____ Date _____
