

FIT-N-WISE

A Wise Health System Service



FIT Y.O.U.T.H.

Youth Obtaining Ultimate & Total Health

WAIVER, RELEASE AND CONSENT

Including Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement/Photo/Video Release:

The Participant and/or Participant's Parent(s)/Guardian(s) acknowledge, understand, and assume all risks inherent with participating in any of the activities referenced below.

I, _____, parent/guardian of _____ ("Participant"), understand and acknowledge that I have enrolled my child in a physical fitness and/or aquatics program through Fit-N-Wise that includes, but is not limited to, swimming, running, jumping, strength training, utilizing fitness equipment, and exercising in different locations in and around Fit-N-Wise Rehabilitation and Performance Center in Decatur, Texas or anywhere the participant is exercising, swimming, etc., (the "Program").

I (the undersigned) hereby, for myself and my child, release, indemnify, and agree to hold harmless Fit-N-Wise, Fit Y.O.U.T.H., Aquatics and Wise Health System (the "Released Parties") and their owners, directors, officers, employees, agents, affiliates and subsidiaries and any volunteer in connection with the Program against any legal claim by or on behalf of the Participant as a result of the participation in the Program. I further release and waive any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including claims relating to personal injury to my child or his/her wrongful death) against the Released Parties, that may arise from Participant's participation in the Program activities or while traveling to and from locations where the Program activities occur, even if caused in whole or in part by the negligence or other fault of the Released Parties. I fully understand that Participant may injure him/herself as a result of participation in this Program and hereby release the Released Parties from any liability, now or in the future, including but not limited to heart attacks, muscle strains, sprains, pulls, tears, broken bones, shin splints, heat exhaustion, knee, back or foot injuries and any other illness, soreness or injury, however caused, occurring during or after my child's participation in the Program.

It is further agreed and acknowledged that all exercises including the use of equipment, as well as travel to and from Program locations, shall be **AT MY OWN RISK. I FULLY UNDERSTAND THAT I AM FOREVER GIVING UP, IN ADVANCE, ANY RIGHT TO SUE OR MAKE CLAIMS AGAINST THE RELEASED, IF MY CHILD SUFFERS ANY INJURIES OR DAMAGES FROM THE PROGRAM ACTIVITIES, EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THOSE INJURIES AND DAMAGES MAY BE, AND I AM VOLUNTARILY ASSUMING THE RISK OF SUCH INJURIES OR DAMAGES. I UNDERSTAND THIS CONSENT FORM AND I AM NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS TO SIGN.**

I also give my consent for all medical care prescribed by a medical doctor, EMT, or nurse to preserve the physical well-being of my child.

____ (initial ONLY if you disagree and do not give your permission) Additionally, I consent to Fit-N-Wise and Fit Y.O.U.T.H.'s use of photos or videos of my child in Fit-N-Wise sports/fitness/aquatics classes and programs for the purpose of marketing and promoting such classes and programs.

By signing this below, I accept the terms of the aforementioned Waiver, Release and Consent.

Participant Name: (PRINT) _____ D.O.B. ____/____/____

Parent/Legal Guardian Name: (PRINT) _____

Parent/Legal Guardian: (SIGNATURE) _____ Date Signed ____/____/____

**(PLEASE SEE BACK AND COMPLETE
PARTICIPANT/PARENT-LEGAL GUARDIAN INFORMATION)**

PARTICIPANT & PARENT/LEGAL GUARDIAN CONTRACT

(Please Print Legibly)

PARTICIPANT INFORMATION

SCHOOL _____

LAST NAME _____ FIRST NAME _____

DOB ___/___/___

ADDRESS _____ CITY & STATE _____ ZIP _____

PARENT/MAIN CONTACT PHONE _____

ALTERNATE CONTACT _____

ANY MEDICAL CONDITIONS THAT MAY IMPACT PARTICIPATION OR THAT FIT-N-WISE SHOULD BE AWARE OF:

YES

NO

IF YES, EXPLAIN: _____

PARENT/LEGAL GUARDIAN INFORMATION

(THE FOLLOWING INFORMATION WILL BE USED TO CONTACT YOU IN AN EMERGENCY SITUATION)

MOTHER'S NAME (LAST, FIRST) CELL PHONE EMAIL ADDRESS

FATHER'S NAME (LAST, FIRST) CELL PHONE EMAIL ADDRESS

**PLEASE NOTE, by giving your phone number and email you may receive notices about the summer cla
child is enrolled in or pertaining to this.**

(circle one) YES or NO I do not want want to receive these communications, please let us know.

**BY SIGNING BELOW YOU (PARENT/GUARDIAN) OF THE ABOVE MENTIONED PARTICIPANT AGREE AND ACCEPT
RESPONSIBILITY FOR ALL FEES/DUES, IF ANY, OWED TO FIT-N-WISE THROUGH ANY OF THE CHILDREN'S PROGRAMS.
THERE WILL BE NO REFUNDS.**

PARENT/LEGAL GUARDIAN SIGNATURE

_____/_____/_____
DATE SIGNED

