

Emergency Contact Information

Members Name

How did you find out about us?

Birth date

Parent's/Guardian 's Name (minors)

Email

Email

Home Phone

Cel Phone

Home Phone

Cel Phone

Address

Address

City, State, ZIP

City, State, ZIP

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cel Phone

Home Phone

Cel Phone

Address

Address

City, State, ZIP

City, State, ZIP

Medical Information

Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I give permission for my child to go on field trips. I release the Waverly Fitness Center LLC and individuals from liability in case of accident during activities related to the Waverly Fitness Center LLC, as long as normal safety procedures have been taken. I release any rights to photos or videos taken for promotional products and give full permission to use any photos or videos.

Authorized Signature (By signing above you agree to the Waiver and Release of Liability Agreement that is printed on the back of this form.)

Date

Waiver and Release of Liability Agreement to Participate

In Consideration of being permitted to participate in any way, including travel to and from any event hosted by the Waverly Fitness Center LLC, practice, clinic, and related events and activities, I hereby:

1. Acknowledge that I am familiar with the risks of any fitness programs offered at the Waverly Fitness Center LLC.
2. Agree that prior to participation, I will inspect the mats, equipment, and facilities and if I believe anything is unsafe or beyond my capability, I will immediately advise my instructor, supervisor and/or official of such conditions and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a physical sport that might result in a serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, or the conditions of the premises or any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the participation of any and all fitness programs offered at the Waverly Fitness Center LLC, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waiver and discharge and covenant not to sue the Waverly Fitness Center LLC, The Isshin-Ryu Martial Arts Academy, Zumba fitness, their affiliated clubs, their respective administrators, director, agents, coaches, instructors and other employees or volunteers of the organization, event officials, medical personnel, Ronald F. Perry Jr., Andrea Perry, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of the premises used to conduct the event, all of whom are hereinafter referred to as "releasees", from any and all claims, demands, losses, or damage on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND THE CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I HAVE OBTAINED THE REQUIRED CONSENT (IF NEEDED) OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I also allow the use of any photos or videos for marketing and/or advertising by signing this form.

FOR PARENTS/GUARDIAN OF Participants OF MINORITY AGE

(UNDER 18 AT TIME OF REGISTRATION)

This is to certify, I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications