

FIT-N-WISE

A Wise Health System Service

*Minor
(LEAGUE)*

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"), hereby give my consent for the above named child to participate in "physical fitness activities, exercises, and/or programs" through Fit-N-Wise, Fit Y.O.U.T.H., and or Aquatics, etc., that includes, but is not limited to, running, jumping, strength training, utilizing fitness equipment, weights, materials, swimming, use of swimming pool, and at various locations.

I (the undersigned) hereby, for myself and my child, release, indemnify, and agree to hold harmless Fit-N-Wise 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.

In the case of a medical emergency, 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.

Additionally, I consent to Fit N Wise, Fit Y.O.U.T.H., and Aquatics use of photos or videos of my child in Fit-N-Wise sports/fitness classes, programs, on field trips, etc., for the purpose of marketing and promoting such classes and programs, if Fit-N-Wise deems appropriate. Initial here if you DO NOT GIVE THIS CONSENT: _____

By signing this 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 ____ / ____ / ____

COMPLETE ENTIRE BACK PAGE

PARTICIPANT & PARENT/LEGAL GUARDIAN CONTRACT

(Please Print Legibly)

CHILD PARTICIPANT INFORMATION

SCHOOL _____

GRADE: _____

LAST NAME _____ FIRST NAME _____ AGE: _____

ADDRESS _____ CITY & STATE _____ ZIP _____

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

YES

NO

IF YES, EXPLAIN: _____

MY CHILD IS A PROFICIENT SWIMMER WITHOUT A LIFE VEST.

YES

NO

Additional Swimming Information we need to know: _____

PARENT/LEGAL GUARDIAN INFORMATION

(THE FOLLOWING INFORMATION WILL ALSO 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 information, notices, updates advertising information, etc., from Fit-N-Wise children's classes, etc. *(You will automatically receive emails from the event coordinator with league and other information.)*

League Cost: \$60.00

Circle Sport Playing:

SOCCER

BASKETBALL

Choose Jersey/T-shirt Size (YOUTH): _____