

Parent / Guardian Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination, events, and general fitness training, which could cause injury to him or her. The location of these activities will take place on the premises of Jada Blitz Fitness at 4687 Transit Rd, Williamsville, NY 14221.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercise program or sport related event including tripping, slipping, or falling.

You hereby agree to waive any claims or right that you might otherwise have to sue Jada Blitz Fitness, the club, our employees, owners, officers, or agents for any injury that might occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, it is your responsibility to obtain a physician's release statement. It is recommended that you consult a physician or your pediatrician prior to your child participating in any physical exercise program.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____

Telephone: _____

Please list or describe any physical or mental conditions the child may possess:

My child has no medical conditions:
