

KIDS FIT
Registration / Waiver

First Name _____ Last Name _____

Phone (_____) _____ - _____ Email _____

Kid(s) Name & Age _____, _____, _____

Liability Waiver: Please read and sign below.

I, the parent of kid(s) listed above, wish to allow my child(ren) to participate in Kids Fit (the Program). I understand that my execution of this Waiver and Release is a prerequisite for participation in the Program. I further understand that there are risks and dangers inherent in participating in this Program.

I, the parent of kid(s) listed above, allow my child(ren) and approve of them proceeding with a routine of exercise. Exerciser recognizes that the Program involves physical activity, including, but not limited to, strength training, running, agility drills, jumping, cardiovascular activities, and flexibility training. Exerciser also acknowledges that their registration and subsequent participation in the Program is completely voluntary.

LIMITATIONS OF EXERCISE, IF ANY: It is further expressly agreed that all strength training, cardiovascular exercise, or any other exercise shall be undertaken by me at my child's risk and that Alex Vasquez and his associates shall not be liable to me for claims, demands, injuries, damages, actions or causes of action, whatsoever, to my and/or my child(ren)'s person or property arising out of or connected with the use by me and/or my child of the services provided and of the premises where the same is located. Sioux Center Christian School shall not be held liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my or my child(ren)'s person or property arising out of or connected with participation in the Program or outside of the Program. I do hereby expressly forever release and discharge the Program training crew and Sioux Center Christian School from all such claims, demands, injuries, damages, actions or causes of action, from all acts of active or passive negligence on the part of Alex Vasquez or anyone else involved in the Program or outside the Program. If I have any questions whatsoever concerning exercise and use of equipment, I agree that I will request instruction from any of the Program training crew. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signature: _____

Printed Name: _____ Date ____/____/____