

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

PHOTOGRAPHY/VIDEO RELEASE

Participants involved in any activities offered by Little City Fitness may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the Little City Fitness website or in any editorial, promotional or advertising material produced and/or published by Little City Fitness.

I Understand and Agree

Initial here:

WAIVER AND RELEASE OF LIABILITY

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of Little City Fitness. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

I Understand and Agree

Initial here:

RELEASE

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by Little City Fitness, I, the undersigned hereby release Little City Fitness, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Little City Fitness to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

I Understand and Agree

Initial here:

INDEMNIFICATION

The participant recognizes that there is risk involved in the types of activities offered by Little City Fitness. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Little City Fitness, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Little City Fitness, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by Little City Fitness.

I Understand and Agree

Initial here:

Child Waiver

I, the undersigned, hereby hold harmless, release, waive, and forever discharge, Huron County Fitness LLC, its Managers, Members, its child care staff, contractors, employees, volunteers, officers, representatives, agents, organizers, and successors and assigns (collectively, "Little City Fitness") from any and all liability, claims, losses, demands, actions or rights of action (whether in law or equity), personally injury, or death, which are related to, arise out of, or are in any way connected with the participation of self child care in Little City Fitness Kids room, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

Initial here:

I understand that the space for children to play is provided only while I am present in the building and taking class. I understand that if my child becomes inconsolable during the class session or unruly, I am responsible to leave class and attend to my child.

Initial here:

I understand that children are not allowed in the workout area at any time before or after classes and it is my responsibility to keep them out of this area and off equipment.

Initial here:

I have read and understood the foregoing assumption of risk, and release of liability, and I understand that by signing below, I also agree to indemnify Little City Fitness for any liability for injury or death of any person and damage to property caused by my child/children, those who I have legal guardianship, or those under my responsibility during the duration of my attendance at Little City Fitness. I UNDERSTAND THAT BY SIGNING THIS FORM I AM WAIVING VALUABLE LEGAL RIGHTS.

Initial here:

☐ I agree to these terms.

Do you exercise now? *
☐ Yes ☐ No

How much exercise per week? *

Do you take any prescription medication Little City Fitness needs to be aware of? *

Do you have any back, knee, or shoulder pain we need to be aware of? *

Do you have any previous injuries and/or surgeries that we need to be aware of? *

Do you High Blood Pressure, Asthma, Diabetes, or a Heart Condition? *

Do you have any Other Health Conditions? *

Please Provide any more Details:

Are you signing as a parent? *

☐ Yes

☐ No

If signing as a parent, provide minor's name:

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures