



Parent / Guardian Waiver and Release Form

Please bring this completed form with you on the first day of class.

You agree that you are aware that the child named below will be engaging in physical exercise involving various sport, coordination, fitness training, various activities and games which could cause injury to him or her. The location of these activities will take place at **Fort Fit Kids** location.

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 sports related event including tripping, falling, or slipping.

You hereby agree to waive any claims or right that you might otherwise have to sue **Fort Fit Kids, the building, our employees, or owners** for any injury that might occur. You understand that we will make no evaluation or recommendations 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's 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 participation in any physical exercise program.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



Parent/Guardian's Telephone No: _____

Parent/Guardian's Email: _____

Emergency Contact Name: _____

Emergency Contact Telephone No: _____

My child has no medical conditions: ☐

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