

Assumption Of Risk and Liability Release

In consideration of Kinetix Health and Performance Center, allowing _____ my child or ward to participate in its fitness related activities / programs

Assumption Of Risk:

I understand that serious accidents occasionally occur during the participation in fitness related activities / programs, and that people participating in the exercises given, which might include such activities like strength training, stretching, plyometrics, speed / agility training, golf conditioning / skill related movements and any other fitness related activities not mentioned above, might occasionally sustain mortal or serious personal injuries as a consequence.

Release From Liability:

Knowing the risks stated above, I hereby agree to assume all of the risks and release and hold harmless Kinetix Health and Performance Center and its officers, directors, independent contractors, agents and employees who through negligence or carelessness might otherwise be liable to me, the participant, or his/ her heirs or personal representative for damages. I make this assumption of risk on behalf of the participant as well as on my own behalf and the participant acknowledges and agrees to this assumption by his/ her signature below.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give the consent for 1). The administration of any treatment deemed necessary by family physician, or if not available the physician on duty. 2). The transfer of the child to any hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted are listed below.

Conditions Of Health:

By signing this form the parent or guardian above is accepting the responsibility to ensure participating athlete is medically fit to participate in the Kinetix Sports Conditioning Camp.

Please specify any medical concerns or history which could affect your son/daughter with participating in the Kinetix Sports Conditioning Camp. Please list below any allergies, medications being taken and physical impairments. **Please note if your athlete has asthma an inhaler (puffer) must be brought to camp or the athlete will not be allowed to participate.*

Permission to Photograph or Videotape:

By signing this consent you are allowing Kinetix Team member to photograph/videotape my child for educational or advertising purposes.

By signing below you are acknowledging that you have read this assumption of risk, release from liability, conditions of health and permission to photograph. You have also read the handout on how to prepare for a successful sport conditioning camp and have provided the most recent contact, emergency and medical information.

Parent/Guardian Name (Print)

Parent/Guardian (Signature)

Date