

ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE

Adult Fitness Room Waiver



Name _____ DOB: _____

Childs Name: _____ (enrolled in classes)

I understand that I am voluntarily using the Fitness and Cardio Room at Peak Gymnastics & Fitness without supervision or instruction. I recognize that injuries can occur and I release Peak Gymnastics & Fitness including all directors, instructors and employees, for all liability for any and all damages and injuries suffered while using the Adult Fitness and Cardio room.

Signature of Participant: _____ Date: _____

Printed Name: _____ Phone #: _____

Address: _____

****EMERGENCY CONTACT: _____ PHONE: _____**

I have paid the \$25 annual maintenance fee and I understand that once this fee is paid there is no additional fee as long as my child's tuition is current. The maintenance fee will be due on the first of the month in which you paid, annually. _____initial