

# Minor Registration & Waiver

## REGISTRATION

### MINOR INFORMATION

name \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_

current grade \_\_\_\_\_ age \_\_\_\_\_

### PARENT INFORMATION

name(s) \_\_\_\_\_

phone \_\_\_\_\_

### GROUP INFO (leave blank those not applicable)

name \_\_\_\_\_

school/ affiliation \_\_\_\_\_

team / sport \_\_\_\_\_

training day \_\_\_\_\_ time \_\_\_\_\_

price \_\_\_\_\_ paid? y / n

payment type: \_\_\_\_\_



405 Genesee street | Delafield, Wisconsin | 53018  
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### waiver agreement

in consideration of the use of the property, facilities and/or services of **be fitness and wellness center**, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by **be fitness and wellness center** involves risk such as, but not limited to, the following which may result from the use of equipments or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care. **RISK OF PROPERT DAMAGE, BODILY INGURY, AND POSSIBLE DEATH.**

2. **ASSUMPTION OF RISK.** The undersigned ASSUMED ALL RISKS THAT ARISE OUT OF THE USE OF EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including by not limited to, those RISK FACTORS described in section 1 above.

3. **ACKNOWLEDGMENT OF POLICIES AND PROCEDURES:** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.

4. **PREREQUISITE SKILLS AND TRAINING:** The undersigned acknowledges that s/he has the requisite skills, qualifications, physical abilities, and training necessary for the proper and safe use of the equipment and facilities and to participate in the activity itself. The undersigned agrees that if s/he has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or to participate in the activity itself, then they shall direct such questions to the appropriate staff member on site.

5. **RELEASE:** The undersigned RELEASES **be fitness and wellness center**, the officers employees and agents of each and agrees NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

6. **WAIVER:** The undersigned waives the protection afforded by any statute or law in an jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

7. **INDEMNIFY AND DEFEND:** The undersigned agrees to INDEMNIFY AND DEFEND **be fitness and wellness center**, the officers, employees and agents (hereinafter jointly referred to as "indemnity") of each against, and hold them harmless from any or all claims, cause of action, damage judgments, costs or expenses, including attorney fees which in any way arise from the activity or this agreement which include but are not limited to damages to or destruction of any property of the indemnity, of any others, injury or death of the undersigned or anyone else or any liability arising from the act or negligent act of the indemnity, the undersigned or anyone else.

8. **PAY:** The undersigned agrees to pay for any or all damages to any property or indemnity caused by the undersigned either negligently, willfully, or otherwise.

9. **REPRESENTATIVES:** The undersigned enters into the agreement for himself/ herself, his/her heirs, assigns and legal representatives.

10. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

11. **INSURANCE:** The undersigned understands that **be fitness and wellness center** and its auxiliaries do not carry participant insurance. The undersigned is encouraged to have a physical examination and to purchase health insurance prior to any and all participation.

12. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement and realizes it relates to surrendering valuable legal rights and does so freely and voluntarily.

By completing this form, I thereby understand and agree to all the terms above.

\_\_\_\_\_  
parent or guardian name (print)

\_\_\_\_\_  
parent or guardian signature

emergency contact

\_\_\_\_\_  
name relationship

\_\_\_\_\_  
home phone cell phone