

PARTICIPANT RELEASE FORM

Print Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone #: _____ Work # _____

E-mail Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

I understand and agree that Vigiano's World of Fitness will not have or assume any financial responsibility or liability for the expenses of medical treatment or of compensation for any injury I may suffer during or resulting from utilizing the center's facilities and/or from participation in any and all classes.

Signature

Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Signature (Parent/Guardian)

Date