Fitness for Tots Waiver

Parent/Guardian Name: _____

Parent/Guardian Best Contact Number: _____

Parent/Guardian Email Address: _____

Center that is participating with “Fitness for tots” _____

Child Name: _____ Age:_____ DOB:_____

Waiver

I understand that by signing my child up to participate in "Fitness for Tots", any activity involving motion can result in injury or death. I promise not to hold the company, its officers, agents, or employees liable or pursue legal action against them. This waiver absolves the company of any duty for injuries sustained on the premises before, during, or after the activity. By signing this agreement, I agree to hold the company completely harmless, including financial responsibility for any injuries sustained, regardless of the cause or circumstances.I will do all in my power to obey corporate staff and all safety requirements, and I will seek clarification if necessary.

Photo Consent: Please check one

☐I understand that pictures might be taken and used for marketing purposes. I agree that my child's photo can be used by Fitness for Tots.

☐ I do not give my permission for my child to be photographed

By Signing Below I agree to the terms above.

_____ _____

Parent/Guardian Signature Date