Fitness Made Fun LLC 2025 Trial	Participation Waiver Class Title: _		_ Day: Time:
	D.O.B		
Contact Email	Cell #		
Address	Cell #City	Zip	Trial Date:
ARTICIPATION: I give consent for my clitness Made Fun LLC. I, my executors, or may have against Fitness Made Fun roper hospitalization, health, and accirotection. MEDICAL ATTENTION: I fully understand with the above in mind, I hereby author deemed necessary by Fitness Made Fresponsibility. WAIVER: I am aware that it is my resporn necourage my child to follow all safety is atastrophic injury, paralysis, and even itness Made Fun LLC, and the coaches ctions of any student or other person LC authorized function. I also agree to ustained by myself or anyone I am legations.	make myself and those I am legally responshildren, myself, or those I am legally responsor other representatives forever waive and LLC, it's owners or representatives, whethe dental insurance coverage, at my own cost, dental that Fitness Made Fun LLC's owners, manarize Fitness Made Fun, LLC to render first ai un LLC, I hereby give consent for myself or unsibility to make myself and my child aware rules and the instructions of their instructor death, as well as other damages and losses, instructors, staff, and volunteers shall not during the course of any program offered a release Fitness Made Fun LLC, its coaches, ally responsible for, while in the facility as a I am legally responsible for those participa	asible for to participate in the pro- release all rights and claims for our paid or volunteer. I also affirm which I consider adequate for the agers, staff, and volunteers are not to myself or those I am legally responsible for of the inherent risks and possible for or coach. I am fully aware of and associated with participation in the liable for or be considered new tritness Made Fun LLC, while on instructors, staff and volunteers non-class participant.	grams offered by Fitness Made Fun LLC or hel lamages that I or those I am legally responsible that I now have and will continue to provide ose I am legally responsible for and my own of physicians or medical practitioners of any keesponsible for, in the event of any injury or illet to receive Emergency Medical at my own finallity of injury, associated with this activity and v
this rm). I verify that I have read it in full a		here to the rules and policies wit	r; Policies information sheet (separate flier, no hin it. I also agree to make the contents of it ki de Fun LLC.
ignature		Date	
tudent Name	Participation Waiver Class Title: D.O.B	Parental Name	
	Cell #		
ddress	City	Zip	Trial Date:
ARTICIPATION: I give consent for my cl itness Made Fun LLC. I, my executors, or may have against Fitness Made Fun	or other representatives forever waive and	isible for to participate in the pro release all rights and claims for c	grams offered by Fitness Made Fun LLC or hel lamages that I or those I am legally responsibl
protection. MEDICAL ATTENTION: I fully understand Vith the above in mind, I hereby author of deemed necessary by Fitness Made Fresponsibility. VAIVER: I am aware that it is my responsionable in a ware that it is	dental insurance coverage, at my own cost, at that Fitness Made Fun LLC's owners, manarize Fitness Made Fun, LLC to render first ai un LLC, I hereby give consent for myself or a sibility to make myself and my child aware rules and the instructions of their instructor death, as well as other damages and losses, instructors, staff, and volunteers shall not during the course of any program offered a release Fitness Made Fun LLC, its coaches, ally responsible for, while in the facility as a at a malegally responsible for those participald.	which I consider adequate for the agers, staff, and volunteers are now to myself or those I am legally those I am legally responsible for of the inherent risks and possible for coach. I am fully aware of and associated with participation in the liable for or be considered new the Fitness Made Fun LLC, while on instructors, staff and volunteers non-class participant.	ose I am legally responsible for and my own ot physicians or medical practitioners of any k responsible for, in the event of any injury or ill to receive Emergency Medical at my own finality of injury, associated with this activity and v
protection. MEDICAL ATTENTION: I fully understand little the above in mind, I hereby authout deemed necessary by Fitness Made Fiesponsibility. VAIVER: I am aware that it is my responsibility. I am aware that it is my responsibility at a safety is at a strophic injury, paralysis, and even it it is my safety is at a strophic injury, paralysis, and even it it it is my responsible to a safety is at a strophic injury, paralysis, and even it it it is my responsible to a safety in a sa	dental insurance coverage, at my own cost, and that Fitness Made Fun LLC's owners, manarize Fitness Made Fun, LLC to render first ai un LLC, I hereby give consent for myself or insibility to make myself and my child aware rules and the instructions of their instructor death, as well as other damages and losses, instructors, staff, and volunteers shall not during the course of any program offered a release Fitness Made Fun LLC, its coaches, ally responsible for, while in the facility as a I am legally responsible for those participad. thess Made Fun LLC has supplied me with a language of the supplied me w	which I consider adequate for the agers, staff, and volunteers are not not omisself or those I am legally it those I am legally responsible for or coach. I am fully aware of an associated with participation in the liable for or be considered not it fitness Made Fun LLC, while on instructors, staff and volunteers non-class participant. ting, that my participation is pure a copy of the current Rules & mither to the rules and policies with	ose I am legally responsible for and my own of physicians or medical practitioners of any kresponsible for, in the event of any injury or ill to receive Emergency Medical at my own finallity of injury, associated with this activity and very dispreciate the risks, including the risk of any programs offered by Fitness Made Fun LL gligent for any injuries, illness or death or for the facilities premises, or at a Fitness Made Fifrom liability for any injuries, illness, or death ely voluntary, and I elect to allow this participate; Policies information sheet (separate flier, no thin it. I also agree to make the contents of it knows the service of t