



Kids Club Sign Up and Waiver

CHILD'S FIRST NAME CHILD'S LAST NAME CHILD'S DATE OF BIRTH CHILD'S AGE CHILD'S GENDER

PARENT/GUARDIAN FIRST NAME PARENT/GUARDIAN LAST NAME PHONE NUMBER EMAIL

STREET ADDRESS CITY STATE ZIP

EMERGENCY CONTACT PHONE NUMBER RELATIONSHIP TO CHILD

EMERGENCY CONTACT PHONE NUMBER RELATIONSHIP TO CHILD

MEDICAL INFORMATION

PHYSICIAN'S NAME PHONE NUMBER

ALLERGIES, MEDICATIONS, OR SPECIAL NEEDS

TERMS OF AGREEMENT

I hereby acknowledge and agree that participation in the Kids Club located within HIT ATHLETIC LLC has inherent risks. In consideration for being allowed to participate and/or enroll my child to participate in the activities relating to the Kids Club, I hereby expressly reassume all risks and hazards, both known and unknown, incidental to my child's participation in the Kids Club and assume full responsibility for all risks of bodily harm and property damage resulting from or in connection with my child's participation in the Kids Club, including without limitation. I hereby voluntarily release, waive, forever discharge, and agree to indemnify and hold harmless HIT ATHLETIC LLC, and each of their respective, directors, agents, and other employees, its parent, subsidiaries, affiliates, employees, distributors, and agents (collectively the "Releasees") and from any and all liabilities, claims, damages, injuries and losses, including attorney's fees and courts costs, resulting from, arising out of or connected in any way with my child's participation in the Kids Club and related activities; and further agree to indemnify, defend and hold the Releasees harmless from and against any and all liabilities, claims, damages, injuries and losses, including attorney's fees and courts costs, for personal injury or property damage to any person or entity resulting from or related to my child's participation in the Kids Club.

Initial _____

Medical Statement

I hereby provide HIT ATHLETIC LLC permission to administer basic First Aid and I authorize HIT ATHLETIC LLC or its agents or employees to contact 911 or other emergency personnel as needed.

Initial _____

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THE ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Parent / Guardian Signature _____ Date _____

Print Name _____