

PARENTAL CONSENT FORM

I, _____ agree that _____ may
(please print parent or legal guardian's name) (please print participant's name)
exercise at F.I.T. Co., including participation in classes or programs and use of exercise equipment, given the following provisions:

RELEASE: In consideration of participation in fitness activity, which shall be undertaken at the sole risk of the above-named child, I agree, on behalf of the above-named child, and his/her heirs and/or representatives, to fully and forever release F.I.T. Co., its officers, volunteers, agents and/or employees, and independent instructors, from any and all liability, claims, demands, damages, actions, or causes of action, whatsoever arising out of or related to the activities at F.I.T. Co. or on the property where F.I.T. Co. is located, regardless of cause. This release covers everything that happens from the time the above-named child arrives at F.I.T. Co. to the time he/she departs.

CONSENT: To the best of my knowledge, the above-named child can fully participate in exercise activities, without limitation. I am aware of the risks and hazards connected with exercise and the use of exercise equipment, knowing that exercise and use of exercise equipment may be dangerous to the above-named child. I represent and warrant to F.I.T. Co. that I have full knowledge of the nature and extent of all risks associated with using F.I.T. Co. for fitness-related activities, and further warrant that I have consulted a physician before the above-named child has engaged in exercise at F.I.T. Co. to determine whether it is safe for the child. As the parent or legal guardian, I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by the above-named child, or any loss or damage to property owned by me or the above-named child, as a result of being engaged in exercise activities at F.I.T. Co., regardless of the cause the incident.

HOLD HARMLESS: It is my express intent that this parental consent form and release, inclusive of this hold harmless clause, shall bind the members of my family and spouse, if I am alive, and shall bind my assigned heirs and personal representatives, if I am not alive, and shall be deemed as a release, waiver, discharge and covenant not to sue F.I.T. Co. I further agree to indemnify and hold harmless F.I.T. Co., its officers, volunteers, agents and/or employees, and independent instructors, from any injury to the above-named child's person or property arising out of, or in any way relating to, the above-named child's use of the facilities at F.I.T. Co., including the exercise equipment therein, and participation in classes or programs, regardless of whether the above-named child followed F.I.T. Co.'s rules and regulations. I hereby further agree that this parental consent form and waiver of liability shall be construed in accordance with the laws of the State of Ohio.

MEDICAL COSTS: I understand that F.I.T. Co. will not be responsible for any medical costs associated with any injury the above-named child may sustain.

Parent and/or Legal Guardian Initials: _____

RULES AND REGULATIONS: I further agree that I shall become familiar with the rules and regulations of F.I.T. Co. concerning participant conduct, and that I will be responsible for making the above-named child aware of the rules and regulations. I will further be responsible for the above-named child to fully abide by said rules and regulations, including any directive or instruction made by the person(s) in charge of the exercise facility. Moreover, I understand that all rules and regulations for F.I.T. Co. will be enforced, and any violation by the above-named child may result in termination of his/her authorized participation at F.I.T. Co. In the event of a failure by the above-named child to abide by the rules and regulations, to the extent that his/her participation is terminated, F.I.T. Co. shall inform me.

INSURANCE: F.I.T. Co. encourages you to obtain adequate health and accident insurance to cover any personal injury the above-named child may sustain during exercise at F.I.T. Co.

MEDICAL TREATMENT CONSENT: I HEREBY AUTHORIZE, IN ADVANCE, ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE-NAMED CHILD WHILE PRESENT AT F.I.T. CO. I HEREBY GIVE PERMISSION TO MEDICAL PERSONNEL TO ORDER INJECTIONS AND/OR ANESTHESIA AND/OR SURGERY FOR THE ABOVE-NAMED CHILD. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND ANY MEDICAL CARE DEEMED NECESSARY, AND ACKNOWLEDGE THAT THESE COSTS ARE MY FINANCIAL RESPONSIBILITY. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY F.I.T. CO.'s PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR OTHER SUCH INFORMATION REGARDING THE ABOVE-NAMED CHILD.

INFORMED AGREEMENT: I have reviewed this Agreement, which consists of two (2) pages that I have initialed, and I am aware of the risks involved in participating in exercise, including the use of exercise equipment, as well as the possible injuries that could occur. By signing this form, it is my understanding that the above-named child freely and voluntarily agrees to participate in exercise at F.I.T. Co. In signing this release, I represent that I understand this Agreement and all of its clauses, and sign voluntarily as an act of my own free will. This Agreement is an Ohio contract, and I consent to the jurisdiction and venue as being in Stark County, Ohio, for any action relating to this Agreement. F.I.T. Co. has not made any other representations, statements, or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement.

Printed name of Parent or Legal Guardian_____

Signature of Parent or Legal Guardian_____

Date Signed_____

Emergency Contact Phone Numbers:

Father:_____Mother:_____

Parent and/or Legal Guardian Initials: _____