

Bee Active Gym & 24 Hour Fitness

23 Wheat St. Batesville, IN 47006

WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES – MEDICAL AUTHORIZATION

As a participant, or a parent or legal guardian of the child(ren) listed below, I hereby consent to my/his/her participation in one or more of the programs offered by Bee Active Gym. I understand that participation in Facility Rental, Flag Football, Gymnastics, Trampoline, Dance, Soccer, Rock Wall Climbing, 24 Hour Fitness Center and all other activities at Bee Active Gym may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis or death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and body during certain movements, rotation of the body, and movement of the body, in a unique environment. I acknowledge that I am fully aware of the inherent risks involved in the afore-mentioned activities.

In consideration for using, or allowing my child(ren) to use these facilities, I, on my own behalf and on the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Bee Active Gym (Kids In Motion, Inc.) its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by myself or my child(ren) while under the instruction, supervision, or control of Bee Active Gym.

In the event of an accident or emergency I would like myself or my child(ren) to be taken to a hospital for medical treatment and I hold Bee Active Gym (Kids In Motion, Inc.) and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Bee Active Gym.

I have read and understand the ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Participant(s) – all children from **one** family here:

Parent Signature: _____
(If you are under 18, a parent or court appointed legal guardian must sign this form)

Printed Parent Name: _____

Date: _____

Email Address: _____

Phone Number: _____