

GYM USE RELEASE

Child's Name: _____

Address/City/State/Zip: _____

Parent/Guardian Name: _____

Phone #: _____ E:Mail: _____

Address (if different): _____

Emergency Name & Number: _____

Are there any medical conditions to which we should be alerted: Yes No

Explain: _____

Insurance Company: _____ Responsible Party: _____

Insurance Company Phone: _____ Group #: _____ Insured #: _____

Acknowledgment of Risk and Waiver of Liability – As legal guardian of the above named child, I hereby consent to the aforementioned person participating in Encore Elite, LLC activities and/or instruction. I recognize that potentially severe injuries could occur during activities at Encore Elite, LLC. I understand that it is the express intent of Encore Elite, LLC to provide for the safety and protection of my child and in consideration of allowing my child to use these facilities, I hereby forever release the Encore Elite, LLC, its officers, employees, teachers, coaches and volunteers from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Encore Elite, LLC personnel. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at Encore Elite, LLC. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I also hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence. I am in understanding that while my child is only participating in activities or instruction, that my child is not covered at any time by the insurance of Encore Elite, LLC and I am fully responsible for any medical bills which may be incurred.

Parent/Legal Guardians Signature

Date