



Release Form (Waiver) Open Gym Birthday Party Other

Participants Name :(First) _____ (Last) _____ Age: _____

E-mail (User Name): _____

Home: _____ Cell: _____ Birthday: _____

Address: _____ City _____ Zip _____

I _____ (Parent Name) _____ voluntarily agree to participate or for my child to participate in this or these programs of Hugo's Gymfitness. I hereby waive, release and hold harmless from any liability or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the program, its supervisor, its directors, officers, employees or any facility's or equipment's director. As a parent/guardian I hereby consent to treatment of my minor child/or myself for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any costs incurred as a result of said treatment. I hereby consent I will not sue Hugo's Gymfitness, employees, management or anyone else involved in the company for any reason at all. I hereby give permission to use my or my children's photographs as they see fit in any promotional or internal media and materials. I understand the photographs belong to Hugo's Gymfitness and I will not receive payment of any kind unless otherwise specified in writing.

Parent/Guardian Signature: _____ Print: _____ Date: _____



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