

**HUGO'S** gymfitness  
 21095-21107 Centre Parkway,  
 Santa Clara, CA 91350  
 661-255-2700

When: \_\_\_\_\_  
 For: \_\_\_\_\_

Please remember: Wear a t-shirt and shorts. No jewelry, belts, zippers, buttons, or snaps. Long hair should be up and out of the face. Parents should be in the waiting area during the whole activity. No kids will be allowed to participate without a signed release form.

Schedule a free class at Hugo's  
 Day: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Instructor: \_\_\_\_\_

www.hugosgymfitness.com

HUGO'S GYMFITNESS (Waiver and Release Form)

Participant Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Parents Name: \_\_\_\_\_  
 Parents Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 eMail Address: \_\_\_\_\_

I voluntarily agree to participate and/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 and/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 agree that I will not hold liable 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: \_\_\_\_\_  
 Date: \_\_\_\_\_

You're Invited to a  
**Jungle Party**

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