



MINOR STUDENT INFORMATION FORM

PRINT
NAME ►

(To be attached to parent/guardian's Customer Information Form)

All information is confidential and will be used only by MoveStudio employees and instructors.

Please PRINT legibly and complete all fields.

Minor's Name _____

Birthdate _____

Emergency Contact Name(s) _____ Relationship _____

Phone (Day) _____ Phone (Evening) _____

Please list any injuries, disabilities or conditions that may limit (to any degree) minor's ability to participate in physical activities:

Please also inform instructors of any conditions so they may help you take appropriate precautions.

RELEASE AND CONSENT FOR MINORS

I, (parent/guardian's name) _____, being aware of the risks involved, consent to allow (minor's name) _____ to participate in vigorous physical activities that may include the use of body conditioning machinery and equipment at MoveStudio, Inc. I hereby affirm that he/she does not suffer from any condition or disability that would prohibit participation in these activities. I fully understand that participation in these activities could result in injury, and I assume all risks connected therewith. Furthermore, I hereby release MoveStudio Inc., as well as its instructors, agents, representatives, employees, contractors, successors and assigns, from all liability for any injury or illness that may result, now or in the future, from participating in these activities or from any negligent act or omission.

SIGN
HERE ►

I have read and agree to be bound by the above statement.

Signature

Date