

PARTICIPANT INFORMATION CARD

Parent or Legal Guardian should complete items one through seven. One information card must be completed for each participant. Participants attending programs at multiple locations must have a separate information card for each program location. Each member or guest that is authorized to check-in or check-out a child must be listed in item 4 on this card. All information cards are confidential and kept on-site for emergency and contact purposes only.

| 1. Child/Participant Information: | | | |
|--|-----------------|---------------------|------------------------|
| Child/Participant Name: | | | Date of Birth: |
| 2. Physical Description: | | | |
| Gender: () Male () Female | Age: | Height | Weight |
| 3. Parent/Legal Guardian Information: | | | |
| Name: | | Address: | |
| Home Phone # | E-mail Address: | Cell Ph./Alt. Ph. # | Membership # |
| 4. Additional Authorized Sign-In/Sign-Out Person(s): | | | |
| B. Name: | | Home Phone # | Cell Phone/Alternate # |
| C. Name: | | Home Phone # | Cell Phone/Alternate # |
| 5. Emergency Contact Information: | | | |
| Emergency Contact Name: | | Home Phone # | Cell Phone/Alternate # |
| 6. Medical Information: | | | |
| Medical Insurance Company: | | Policy Number | |
| Participants' Physician Name: | | Phone Number: | |
| 7. Additional Child/Participant Information: | | | |
| Allergies: (If no known allergies, please note N/A) | | | |
| Other Important Information: | | | |

A. _____
Parent/Legal Guardian (Print Name)

Signature

Date

B. _____
Print Name

Signature

Date

Sacramento Skills Academy

RELEASE OF LIABILITY / ASSUMPTION OF RISK INDEMNIFICATION

Participation in the **Sacramento Skills Academy** program and use of 24 Hour Fitness premises, services, equipment and facilities involves the risk of injury to you or your child, whether you or someone else causes it. Specific risks range in severity from minor injuries to major injuries, such as catastrophic injuries including death. In consideration of you and/or your child's participation in the activities or program offered by Sacramento Skills Academy, you understand and voluntarily accept this risk and agree that Sacramento Skills Academy, its equipment, its independent contractors, and facilities they use will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you or your minor child resulting from the negligence of Sacramento Skills Academy or anyone on Sacramento Skills Academy behalf or anyone else whether related to participation in the Sacramento Skills Academy program or not. You understand and acknowledge that Sacramento Skills Academy is providing recreational services and may not be held liable for defective products.

You understand that you and/or your child(ren) may be photographed, videotaped, or otherwise recorded, and you agree on behalf of yourself and/or your child(ren) that Sacramento Skills Academy may use your and/or your child(ren)'s name and likeness (in any form and without regard to distortions of character, form or color, or any other alternation) in photographs, videotapes, audiotapes, and other media, without any additional consideration to you and/or your child(ren) or to any third party.

By signing below, you agree to the terms of this Release of Liability and Assumption of Risk on behalf of yourself and your minor child. You also represent that you are the parent or legal guardian of the program participant. You also agree to defend and indemnify Sacramento Skills Academy from and against any claims, demands, causes of actions or lawsuits brought by the child or on his or her behalf for injuries or other damages whether or not caused by the negligence or other conduct of Sacramento Skills Academy.

Child's Name (Last, First): _____

Date of Birth: _____

Parent / Legal Guardian (Last, First) please print

Parent / Legal Guardian Signature:

Address: _____

City: _____ State: ____

Zip: _____ Home Phone: _____ Cell: _____

Email: _____

Emergency Contact

Relationship/ Phone: _____

Medical Insurance Company: _____

Policy Number: _____ Participant's Physician/Phone: _____

RELEASE OF LIABILITY/ASSUMPTION OF RISK/INDEMNITY

Participation in _____ program and use of 24 Hour Fitness ("24 HR") premises, services, equipment and facilities involves the risk of injury to you or your child, whether you or someone else causes it. Specific risks vary range in severity from minor injuries to major injuries, such as catastrophic injuries including death. In consideration of you and/or your child's participation in the activities or program offered by _____ or 24 HR, you understand and voluntarily accept this risk and agree that 24 HR, its officers, directors, employees, volunteers, agents, property owners and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to you or your minor child resulting from the negligence of 24 HR or anyone on 24 HR's behalf or anyone else whether related to participation in _____ program or not. You understand and acknowledge that 24 HR is providing recreational services and may not be held liable for defective products.

You understand that you and/or your child(ren) may be photographed, videotaped, or otherwise recorded, and you agree on behalf of yourself and/or your child(ren) that _____ may use your and/or your child(ren)'s name and likeness (in any form and without regard to distortions of character, form or color, or any other alteration) in photographs, videotapes, audiotapes, and other media, without any additional consideration to you and/or your child(ren) or to any third party.

By signing below, you agree to the terms of this Release of Liability and Assumption of risk on behalf of yourself and your child. You also represent that you are the parent or legal guardian of the program participant for which this application is being prepared. You also agree to defend and indemnify 24 HR from and against any claims, demands, causes of actions or lawsuits brought by the child or on his or her behalf for injuries or other damage whether or not caused by the negligence or other conduct of 24 HR.

READ THIS ENTIRE RELEASE DOCUMENT BEFORE YOU SIGN IT.

Name of Participant: _____

DATED _____

Print Name of Parent/Legal Guardian of Participant: _____

Signature of Parent/Legal Guardian of Participant: _____

Address: _____