

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____ (name of minor) I consent to the participation by my child(ren) in programs of the St. Louis Gym Centre. (Centre)

My child(ren) and I hereby waive and release all rights and claims for damages arising out of my or my minor's participation in the programs of the Centre against the Centre or any of its paid or unpaid workers, for any injuries or damages caused by the NEGLIGENCE or FAULT of the Centre or of its paid or unpaid workers.

I understand that there are risks in participating in the programs of the Centre and I sign this ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION voluntarily.

I confirm that the minor has no limitations on his or her ability to participate in the programs of the Centre. I authorize first aid and consent to necessary exams and treatment required before I can be contacted.

Parent or Guardian

Date