

Open Workout Release Form

If you are under 18 years old, you MUST have a *parent or legal guardian* sign below. If you are 18 years old or older, you may sign for yourself.

Acknowledgment of Risk, Waiver of Liability, Medical Authorization

As legal guardian of _____ I hereby consent to have my child(ren) participate in programs offered by St. Louis Gym Centre. It is hereby agreed that I, my child(ren) adopted or ward, and my personal representatives, waive and release all rights and claims for damages that I or my child(ren) may have at any time against the Centre, its representatives, whether paid or volunteer; for any injury or damages in connection with the gym programs or any other activities related to the Centre. The risks involved in respect to such a program are fully understood by me and I sign this release voluntarily. PERMISSION FOR MEDICAL TREATMENT: I confirm that the person named above is in good physical health. I hereby authorize simple first aid and consent to any x-ray, exam or medical diagnosis which is deemed necessary.

Signature (if minor child, parent or legal guardian's signature)

Date

Participant's Name (PLEASE PRINT)

Participant's Phone #

Age

DOB

Medical Concerns/Allergies

Emergency Contact's Name (PLEASE PRINT)

Emergency Contact's Phone #

Emergency Contact's Relationship to Participant