

NJ FIT KIDS

RELEASE OF LIABILITY FORM

NJ Fit Training ~ Jessica Griffin, MA, CPT, CrossFit L-1 Trainer, Perinatal Certified

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NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program.

Name of Child 1: _____ DOB ____/____/____

Name of Child 2: _____ DOB ____/____/____

Name of Parent/Guardian: _____

Street: _____

City: _____

State: _____ Zip: _____

Best phone: _____

E-mail _____

Please read & initial each condition signifying that you are aware of them then sign at bottom.

1. All memberships and training sessions are non-refundable, non-exchangeable, and non-transferable.
2. We reserve the right to cancel or reschedule classes at any time to accommodate holidays, special events, or otherwise. No refunds or credit will be granted due to schedule changes.
3. NJ Fit Kids classes run as a session and if my child has to miss there are no makeups.

I understand strength, flexibility and aerobic activity, including the use of equipment is a potentially hazardous activity, and my child is voluntarily participating in these activities with the knowledge of the danger involved. To the best of my knowledge he or she has no medical condition that would prohibit him or her from participating in these aforementioned activities. I also state that my child has either had a physical examination and has been given my physician's permission to participate, or that I have decided to allow my child to participate without the approval of our physician. Further, I hold NJ Fit Elite Training, NJ Fit Mom, LLC, its agents and employees harmless for any injury, damage or loss to my person and or property sustained while at the facility.

Parent/Guardian (print): _____

Signature: _____

Jessica Griffin _____

Date: _____

NJ Fit Training Representative