

# Gravity Janes, LLC - Confidential Medical Waiver

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Parent's name: \_\_\_\_\_

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Child 1:	DOB:	Child 2:	DOB:
Child 3:	DOB:	Child 4:	DOB:

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Address: \_\_\_\_\_

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City:	Home Phone #:
State/Zip:	Cell Phone #:

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Parent's email: \_\_\_\_\_

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Emergency Contact:	Emergency Phone:
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## HEALTH ASSESSMENT

Is your child currently taking any medication? Yes / No Explain: \_\_\_\_\_

Does your child have any problems in the following areas?

Knees	Yes / No	Explain: _____
Lower Back	Yes / No	Explain: _____
Neck/Shoulders	Yes / No	Explain: _____
Hip/Pelvis	Yes / No	Explain: _____
Other	Yes / No	Explain: _____

Is there any reason you know of that your child(ren) should not participate in exercise? Yes / No Explain: \_\_\_\_\_

## INFORMED CONSENT / ASSUMPTION OF RISK

I, \_\_\_\_\_, agree to have my child participate in one or more physical fitness program(s)/ class(es) sponsored by Gravity Janes, LLC., which may include, but not necessarily be limited to, Gravity Janes, Cross-fit Training, and/or training of any kind by any affiliate, subsidiary or partnership of Gravity Janes, LLC and/or Dave Young (hereinafter collectively referred to as Gravity Janes). I, the undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of my child or other people around him/her, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of the above mentioned risks may result in serious injury or death to my child(ren).

**Initials:** \_\_\_\_\_

I willingly assume full responsibility for any and all risks that I am exposing my child(ren) to as a result of his/her/their participation in Gravity Janes programs/classes and of participation in fitness programs designed by Gravity Janes. Gravity Janes has informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. Gravity Janes has informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my child's participation in Gravity Janes fitness programs/classes.

**Initials:** \_\_\_\_\_

## RELEASE

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily allowing my child's participation in the activities made available by Gravity Janes, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Gravity Janes and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my child's participation in Gravity Janes fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. I also give full permission for any person connected with Gravity Janes to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

**Initials:** \_\_\_\_\_

## INDEMNIFICATION

I recognize that there is risk involved in the types of activities offered by Gravity Janes. Therefore I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Gravity Janes, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Gravity Janes.

**Initials:** \_\_\_\_\_

**Use of picture(s)/film/likeness:** I agree to allow Gravity Janes, its agents, officers, principals, employees and volunteers the picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Gravity Janes of this in writing.

**Initials:** \_\_\_\_\_

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
Legal Guardian (please sign)