



Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Email: _____
Birthday: _____

ACTIVITY RELEASE AND INDEMNITY AGREEMENT

This RELEASE and INDEMNITY agreement (Release) is made by the undersigned adult (the Participant) to release and indemnify Fit In Boonsboro, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, and assigns (collectively, the "Club"), as set forth below.

1. **Activity** Participant, or Participant's own behalf and on behalf of the other members of Participant's family, including Participant's spouse, parents, children, heirs, and assigns, (singularly and collectively referred to as "Participant") hereby grants to the Club this full release and indemnification as consideration in exchange for permitting Participant to participate in the following athletic or physical activity which may utilize Club premises and or equipment.

Participant is entering into this Release after (1.) having viewed or having had the opportunity to view Club premises and/or equipment. (2.) if there is an instructor, having reviewed or having had the opportunity to review the instructor's qualifications.

2. **Release and Indemnity**

- PARTICIPANT IS VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH FULL KNOWLEDGE, UNDERSTANDING AND APPRECIATION OF THE RISKS OF INJURY INHERENT IN ANY PHYSICAL EXERCISE, MASSAGE OR THERAPY PROGRAM, PHYSICAL ACTIVITY OR ATHLETIC ACTIVITY AND EXPRESSLY ASSUMES ALL RISKS OF INJURY AND EVEN DEATH WHICH COULD OCCUR BY REASON OF PARTICIPANT'S PARTICIPATION.
- PARTICIPANT RELEASES CLUB FROM ANY LIABILITY AND AGREES NOT TO SUE CLUB WITH RESPECT TO ANY CAUSE OF ACTION FOR BODILY INJURY, PROPERTY DAMAGE, OR DEATH OCCURRING TO PARTICIPANT AS A RESULT OF PARTICIPATING IN THE ACTIVITY.
- PARTICIPANT ACKNOWLEDGES THE NEED TO CONSULT THEIR PHYSICIAN BEFORE PARTICIPATION IN THE USE OF THE CLUB INCLUDING PARTICIPATION IN ALL ACTIVITIES AFFILIATED WITH THE CLUB ONSITE OR OFFSITE.

I hereby give the club consent to record, videotape and photograph my image and/or voice to be used in social media and/or advertising of the club. I further understand that no special compensation will be provided to me for use of my image and that I may not be informed in advance of the specific use of my image.

SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____
(anyone under 18 years of age)

DATE: _____

EMERGENCY MEDICAL AUTHORIZATION ADULT

I hereby give consent, in the event I am incapacitated and unable to provide such consent and approval for a situation requiring medical attention and action for the administration of any treatment or care deemed necessary, and my designated representative, _____ / _____ cannot be reached in a

emergency contact name *phone*

reasonable period of time to extend such consent and approval on my behalf for attention and action for the administration of any treatment and/or care deemed necessary for the listed doctor,

_____, or any of his/her associates,
doctor name/number

the preferred physician, or any of his/her associates, the preferred dentist, or in the event the appropriate preferred physician, dentist or other identified healthcare professional is not available, by another qualified physician, dentist or healthcare professional: and the transfer of myself to the preferred hospital, any hospital reasonably accessible.

The following information is being released by me in the event that the physician, dentist, healthcare professional or hospital is unable to access my medical history.

ALLERGIES:

MEDICATIONS:

PHYSICAL LIMITATIONS/RESTRICTIONS:

OTHER CRITICAL INFORMATION (e.g. blood type, health condition, etc.):

INSURANCE PROVIDER: _____

POLICY NUMBER: _____

I the undersigned, hereby agree, appoint and constitute the club and it's duly authorized representative(s), namely **Fit In BoonsBoro**, hereby authorize them to obtain any x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be provided for me in the event I am unable to provide approval and my designated representative cannot be reached for approval in a reasonable period of time, under the general and special supervision, and on the advice of a licensed physician, dentist, or other qualified health care professional acting under their supervision.

Signature: _____ Date: _____