



- Member's Child
- Therapy Patient
- Kids Programing
- Prospect's Child

## Child Facility Agreement

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Child's First Name	MI	Last Name	Date of Birth	M/F
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Home Address	City	State	Zip
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Parent(s) Name	Best Phone Number to reach parent:	Email
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Relationship to child  
 Parent     Grandparent     Legal Guardian

Fitness Member Name (if different than parent): \_\_\_\_\_

Emergency Contact & Phone if parents are unable to be reached: \_\_\_\_\_

In case of emergency person(s) eligible to pick up child: \_\_\_\_\_

Custody concerns \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medical Limitations: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

In the event that my child needs emergency medical care, and neither I nor the child's physician can be contacted immediately, I authorize Augusta Health Fitness staff to seek emergency medical care for my child.

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



Prior to program participation, you must have a picture of your child taken at the front desk, or in the Learn and Grow clubhouse. This is for registration and safety purposes.

**\*\*\*This is not the registration form for your child's program. You may be asked to complete a specific registration form for additional programming.**

I certify that I have read, understand and agree to the guidelines concerning my child taking part in activities at Augusta Health Fitness. The child listed above is a member of my family. I understand that falsifying this information will result in immediate revocation of my membership privileges or removal from the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARTICIPANT RELEASE AND WAIVER OF LIABILITY**

This Release and Waiver of Liability (the "Release") executed on this date, \_\_\_\_\_, by \_\_\_\_\_ and if, applicable, in conjunction with \_\_\_\_\_, the parent having  
(Participant Print Name) (print name of parent/guardian if under 18)

legal custody or legal guardianship of the Participant, in favor of Augusta Health Care, Inc., a Virginia nonprofit corporation, its directors, officers, employees, and agents (collectively, "Augusta Health"). The Participant desires to engage in certain activities on the campus of Augusta Health and/or use certain facilities of Augusta Health, as more particularly described below (the "Activities"). In consideration of Augusta Health permitting the Activities, the Participant hereby freely, voluntarily, and without duress executes this Release under the following terms:

- 1. Release and Waiver.** Participant does hereby release and forever discharge and hold harmless Augusta Health and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Participant's Activities. Participant understands that this Release discharges Augusta Health from any liability or claim that the Participant, or Participant's representatives, may have against Augusta Health with respect to any bodily injury, personal injury, illness, death or property damage that may result from Participant's Activities whether caused by the negligence of Augusta Health or its officers, employees, Participants, agents or otherwise. Participant also understands that Augusta Health does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. Assumption of the Risk.** Participant hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Augusta Health from all liability for injury, illness, and death or property damage resulting from the Activities.
- 3. Insurance.** The Participant understands that except as otherwise agreed to by Augusta Health in writing, Augusta Health does not carry or maintain health medical, or disability instance coverage for any Participant. Each Participant is expected and encouraged to obtain his or her own medical or health insurance coverage.
- 4. Other.** Participant expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia. Participant agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdictions the invalidity of such clause or provision shall not otherwise direct the remaining provisions of this release, which shall continue to be enforceable.

By signing below, the Participant and, if applicable the parent/guardian, has read, understood, and executed this Release as of the date first above written.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)