

# iGYM Waiver and Release of Liability

## Parent/Guardian Contact Information

Contact #1 Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

e-mail address \_\_\_\_\_

snail mail address \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

e-mail address \_\_\_\_\_

snail mail address \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

## Participant Information

Participant #1 Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) \_\_\_\_\_

Event / Class / Camp Attending \_\_\_\_\_ School \_\_\_\_\_

Participant #2 Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) \_\_\_\_\_

Event / Class / Camp Attending \_\_\_\_\_ School \_\_\_\_\_

Participant #3 Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) \_\_\_\_\_

Event / Class / Camp Attending \_\_\_\_\_ School \_\_\_\_\_

I have read and agree to all of the Required Policies and Agreements on reverse.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Payment information is only required of families enrolling in one of our classes. After entering the following payment info into our secure system, this part of the page will be removed and destroyed.

Credit card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

# Required Policies and Agreements

## Assumption of Risk

I understand that there are inherent risks of physical injury (including, but not limited to cuts, sprains, broken bones, and/or catastrophic injury) associated with and/or arising from participation in offered activities. I acknowledge the risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including claims of negligence, arising as a result of such activity from which liability could accrue to i-G.Y.M. Inc. (iGYM), its directors, staff, volunteers, or any of its coordinators.

## Release of Liability

I hereby agree to release i-G.Y.M. Inc. (iGYM), its directors, staff, volunteers and all of its coordinators from liability, & hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in these activities on behalf of the participant - including self, in the case of the participant having attained the age of majority. I further agree to support the policy of keeping staff:child interactions observable and interruptible e.g. ensuring your child is not alone with any staff member of iGYM.

## Misconduct Reporting

I understand that I have a right and responsibility to report any observed misconduct while at iGYM. Please report all observed concerns with as much detail as possible, verbally with staff, or in writing to [igymredding@gmail.com](mailto:igymredding@gmail.com). For more information on misconduct and keeping young athletes safe, we invite you to visit <https://uscenterforsafesport.org/>

## Payment Policies for Classes

I understand that I am required to pay a \$35 annual insurance fee and the first month's tuition (prorated by drop-in fees if applicable) to finalize my child's enrollment and continue beyond his/her free trial class. I understand that future tuition is due by the 5th of each month, and is considered late after the 8th of the month. A late payment may result in a \$10 late fee and/or my child being unenrolled from their class. By providing payment card information, I give my permission to run said card for the full balance due. Automatic payments are typically processed between the 5th and 8th of each month. If I need to make any changes to my child's enrollment, I will communicate in writing before the first of the month in which the changes are to occur. I also understand that due to the impacted nature of this program, make up opportunities are not available. Furthermore, I understand that monthly tuition is not based on actual attendance, but rather on holding my child's spot in the class(es) we have chosen. If a class is not full, there may be drop-in opportunities available. Lastly, I acknowledge that some schools are willing to pay my child's tuition/fees. I will communicate in advance if I think these special arrangements may apply.

## Medical Emergencies

I have provided more than one contact number for notification purposes in the event of a medical emergency. I give iG.Y.M. Inc. (iGYM) the authority to coordinate emergent care for the student(s) and contact(s) covered by this acknowledgement while contact is being attempted.

## Consent to Photograph

Adults, and minors registered by an adult, agree to allow staff members of iGYM to photograph or video them during iGYM activities/classes for internal training use only (e.g. to help a student understand what their body is doing by seeing it). Photos/videos will NOT be shared on the website or social media without additional expressed consent from the parent/guardian.

Thank you for joining us at iGYM!