

iGYM Waiver and Release of Liability

Contact #1

Billing Contact Name _____ Relationship to participant _____
e-mail address _____
snail mail address _____
Primary phone _____ Secondary phone _____

Contact #2

Contact Name _____ Relationship to participant _____
e-mail address _____
snail mail address _____
Primary phone _____ Secondary phone _____

Participant #1

Name _____ Gender _____ Date of Birth _____
Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) _____

Event / Class / Camp Attending _____

Participant #2

Name _____ Gender _____ Date of Birth _____
Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) _____

Event / Class / Camp Attending _____

Participant #3

Name _____ Gender _____ Date of Birth _____
Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) _____

Event / Class / Camp Attending _____

Participant #4

Name _____ Gender _____ Date of Birth _____
Relevant Medical Info (e.g. asthma, past injuries, psychological challenges, etc.) _____

Event / Class / Camp Attending _____

CONTINUED ON REVERSE

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. 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 an annual registration and insurance fee at the time of enrolling (after free trial class). Furthermore, I understand that future tuition is due by the first class day of each month. Payment is considered late after the eighth calendar day of each month, and may result in late fees and/or a break in services provided. To avoid this, please provide your credit card info. Doing so gives us permission to run your card for the full balance due. Automatic payments are typically processed between the 3rd and 8th of each month. Written notification is required to discontinue automatic payments.

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) 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.

I have read and agree to all of the above.

Parent/Guardian Signature _____ Date _____

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 _____