

## GYM MOMENTUM LLC COACH/STAFF REGISTRATION

### Coach Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Country \_\_\_\_\_ Zip: \_\_\_\_\_

Coach e-mail: \_\_\_\_\_

Who should Gym Momentum call in case of an emergency?

1. Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
2. Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
3. Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_

### Gym Momentum LLC MEDICAL RELEASE FORM

Please tell us anything medical that we need to be aware of:

\_\_\_\_\_

Any allergies that we need to be aware of? \_\_\_\_\_

I, \_\_\_\_\_ give permission for the staff at GYM MOMENTUM LLC to give me simple first aid or to be transported to a hospital to receive emergency medical treatment.

Signature or participant \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in Gym Momentum I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in activities including spotting and demonstrating. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that these activities involve risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions , or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue Gym Momentum its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable owners and lessors of premises on which the activity takes place, ( each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability , and assumption of risk, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage or cost which may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK , AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I also give permission for Gym Momentum to use images for marketing purposes and for program development. Any videos or photos that are taken by Gym Momentum STAFF during class or practice will remain property of Gym Momentum and can only be used by permission.

Contact the office if you do NOT want Gym Momentum to use images of your child.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature