

IPC Gym
General Liability Release, Waiver, Indemnification, and
Acknowledgment of Risk:

(for use with Minors in Aerobics and similar Training Classes, Basketball Participants, and other
General Gym Activities)

READ AND SIGN BELOW

NAME OF PARTICIPANT (Please Print) _____

AGE: _____

ADDRESS _____ **CITY** _____, **STATE** _____,

ZIP _____

HOME PHONE () _____

PARENT'S CELL PHONE () _____

- (1) My minor child wishes to participate in activities in the Independent Presbyterian Church ("IPC") Gym, and I acknowledge that he/she is healthy and able to participate in such activities. I understand that it is solely my responsibility to determine whether there is any medical reason that my child should not participate.
- (2) I acknowledge there are risks involved in participating in Gym activities, and I hereby, on behalf of myself and my minor child, assume all such risks, including personal injury, sickness, death, and damage or loss of personal property.
- (3) In consideration for IPC permitting my child to participate in Gym activities, I hereby, on behalf of myself, my minor child, and his/her heirs, release, promise not to sue, and agree to indemnify and hold harmless IPC, and its directors, officers, staff, employees, volunteers, members, agents, third party contractors, and insurers, with regard to any and all legal claims, liabilities, damages, losses, expenses and demands of any nature whatsoever which I or my minor child may acquire or incur, or which may be caused by my child, arising out of my child's participation in IPC Gym activities, including those related to personal injury, sickness, death, or property damage or loss suffered by my child or others as a result of my child's participation in IPC Gym activities.
- (4) If my child is injured and needs medical assistance, I authorize IPC and its staff, employees, and volunteers: (1) to administer first aid or CPR to my child, if they think it is necessary; (2) to call for emergency treatment, if necessary; and (3) to transport my child to a medical treatment facility if necessary. I understand that I will be solely responsible for any medical, hospital or related charges, which may be incurred on behalf of my child.
- (5) IPC may keep this signed form on file, and it will be enforceable in connection with any IPC Gym activities my child participates in until I request that it be terminated.

BOTH PARENTS OR ALL LEGAL GUARDIANS MUST SIGN UNLESS PARENTS ARE DIVORCED OR SEPARATED, IN WHICH CASE, THE CUSTODIAL PARENT MUST SIGN:

Father/Mother/Legal Guardian: _____

Date: _____

Father/Mother/Legal Guardian: _____

Date: _____