

Hands in Motion Emergency Contact

Authorization and Medical Release Form

Child's Name _____

Parent's Name _____ Emergency Phone _____

Email Address _____

Home Address: _____

Another Emergency
Contact _____

Name/ Relation

Phone

PERSONAL HEALTH INSURANCE

COMPANY _____ POLICY NO. _____

This is to certify that my above-named son/daughter has my permission to participate in the classes taught by Hands in Motion in Roseville, California. I understand that activities involving gatherings carry health-related risks that can be minimized but not eliminated. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties; By enrolling I assume this responsibility. Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither Chris or Jennifer Androkitis, Hands in Motion, nor the business of location, Valley Christian Academy/Tabernacle Baptist Church, nor any of its supervisors responsible for any injury, accident or illness that may occur. I also hereby empower the adult leaders of this activity to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibility involved. By enrolling in classes I release Hands in Motion to use photographs and/or video of my student for advertisement and lawful purposes.

I understand if I have enrolled in Jr. **Carpentry/ Builder/ and/or Engines** my child will be working with tools in this class (including but not limited to: hammer, screwdriver, cordless drill, pliers, wrench, hand held saw), and I give him/her permission to participate.

I understand if I have enrolled in **Nerf/PE/Gym/Spikeball/and/or Tennis** my child will be involved in physical activity. My child is in good health with no physical restrictions. I understand he/she will be using Nerf guns and/or Arrow Tag equipment and their ammo. While all attempts are made to provide a safe environment, there is a chance for injury.

I have received, read, and agree to the Hands in Motion Code of Conduct and COVID -19 Release of Liability.

Signature

Relationship

Date

Does your child have any special educational or medical needs that we should be aware of? NO ___ YES ___ If yes, please list on the back of this paper.



Liability Release Form

I HEREBY ACKNOWLEDGE AND AGREE the sport of indoor rock climbing and the use of the facilities of CALIFORNIA FAMILY FITNESS, a California Corporation (herein after referred to as CALIFORNIA FAMILY FITNESS), its climbing wall and other training facilities, has inherent risks. I agree that I ly participating in the aforementioned activities and using the CALIFORNIA FAMILY FITNESS facilities and premises and assume all risks associated with indoor rock climbing and the facilities, and have had any questions about the same explained to me, inking by not limited to:

1. All manner of injury resulting from falling off the climbing wall and hitting rock faces and projections whether permanently or temporarily in place, or on the floor.
2. Cable abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to, climbing, belaying, lowering on rope or cable, and any other cabling techniques.
3. Injuries resulting from falling climbers or dropped items, such as, but not limited to, cables, climbing hardware, and dropped or broken holds.
4. Cuts and abrasions resulting from skin contact with the climbing wall.
5. Failure of ropes, slings, bolts, chains, climbing hardware, anchor points, or any part of the climbing wall structure.

I further acknowledge that the above list is not inclusive of all possible risk associated with the use of CALIFORNIA FAMILY FITNESS and that the above list in no way limits the extent or each of this waiver and covenant not to sue. I voluntarily choose to use CALIFORNIA FAMILY FITNESS's climbing facilities and equipment, and agree as follows:

To waive and release any and all claims that I have or may have in the future against CALIFORNIA FAMILY FITNESS, including their owners, operators, employees, agents, affiliates, successors and assigns, manufactures or installer of the climbing wall or equipment.

In consideration of my use of CALIFORNIA FAMILY FITNESS I, the undersigned user, agree to use the CALIFORNIA FAMIY FITNESS in accordance with its established safety policies and procedures and agree to INDEMNIFY AND HOLD HARMLESS CALIFORNIA FAMILY FITNESS, its officers, agents, owners, and employees from any and all cause of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my use of CALIFORNIA FAMILY FITNESS, whether asserted by CALIFORNIA FMAILY FITNESS or any 3rd parties who may be injured on account of or in any way relating to CALIFORNIA FAMILY FITNESS. I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as the State of California will allow and that if any portion thereof is held invalid, it is agreed that that the balance shall, not withstanding continue in full legal force and effect.

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrator and assigns, in event of my death. By signing this agreement, I waive my right to bring a court action to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of my use of the facilities of CALIFORNIA FAMILY FITNESS, now or any time in the future, whether caused by the CALIFORNIA FAMILY FITNESS negligence or that of its officers, agents, or employees.

I agree to pay for all legal fees accumulated by CALILFORNIA FAMILY FITNESS incurred by any claims made by me or on my behalf.

I certify that I am of Lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having carefully reading it, of my own free will.

(Please Print Clearly)

User's Name: _____ Date of birth: _____

Parent's Name (if user is under 18): _____ Date of birth: _____

Address: _____ Telephone (home): _____
(work): _____

User's Signature: _____ Member Number: _____

Additional users must be part of the same family:

User's Name: _____ Date of birth: _____

User's Name: _____ Date of birth: _____

User's Name: _____ Date of birth: _____

IF USER IS UNDER THE AGE OF 18 YEARS OLD: PARENT/GUARDIAN MUST CONSENT: I, as parent or legal guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this release form.

Signature of Parent / Legal Guardian: _____ Relationship: _____ Date: _____

Trainer's Name: _____ Trainer's Signature: Club

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