

LIABILITY FORM

Child's Name _____

Parent's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

In case of emergency, contact _____ Phone _____

I am aware of the possibility of minor, serious, fatal, accidental or other physical injury or illness occurring during or as a result of exercise programs.

In consideration of participation at the RMH Wellness Center, I do hereby agree to assume all risks of such injury and will hold harmless indemnify and defend the RMH Wellness Center, it's employees, staff, agents, contractors, affiliated persons and successors from any and all liability, actions, causes of action, claims and demands of every kind of nature whatsoever which I now have or which may arise of or in connection with any participation in activities arranged by the RMH Wellness Center, it's employees, staff, agents, contractors, affiliated persons and successors. The terms herein shall serve as a release and assumption of risk for heirs, executors and administrators for all members of my family, including any minors.

Parent/Guardian Signature _____ Date _____