



TRIAL CLASS WAIVER FORM

ACADEMY RECREATIONAL PROGRAMS

Waiver must be signed in order for your child to participate in a trial class or one-time event.

In consideration of the acceptance of my application and the permission to participate in the program sponsored by the Academy of Sport and Fitness Inc I hereby waive and forever discharge the Academy of Sport and Fitness Inc. from all claims, damages, costs, and expenses in respect to injury or damage to my person or property, however caused which may result from my participation in the program. I hereby give permission for emergency medical treatment to be administered to my son/daughter, as may be determined reasonable by a medical attendant. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment and anticipated medical results.

I give permission for my child, _____ (Date of birth: _____),
(first and last name) (MM/DD/YYYY)

to participate in the following Academy of Sport and Fitness program/event: _____
(class or event)

Medical Concerns: yes no If yes, please specify in detail: [EPI Pen: yes no]

Name of person/family that referred you to our facility _____

Please sign and return this form to Academy of Sport and Fitness.

Parent/Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal: _____

Home Phone: _____ Cell: _____

Email Address: _____

I hereby consent to Academy of Sport and Fitness Inc. using the email address/es I have specified on this application, to be in compliance with the Canadian Anti-Spam Legislation (CASL).

Date: _____ Signature: _____