



Sport Courts Fitness

Fitness Waiver

In acknowledgement of being allowed the use of the Sport Courts Fitness Facility I agree to abide by the rules and regulations shown to me.

I am aware of the possibility of injury and other risks while using the fitness equipment. I take full responsibility for myself and will not hold Sport Courts Fitness, the staff, facility, other sporting participants or equipment manufacturers responsible for any injury incurred while using the gym and equipment.

I am aware that with all consumer products things can unexpectedly malfunction and am using the gym, cardio machines, weights machines, free weights, exercise equipment, basketball hoops, volleyball nets and futsal goals at my own risk.

I am aware that participating in a cardio workout or lifting weights can be hazardous and strenuous on the body and that myself or my child is participating at their risk. I am aware that Sport Courts Fitness does not provide medical insurance or coverage for participants and that myself or my child have medical insurance provided individually.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Sport Courts Fitness for any injury, damages or death caused by their negligence or other acts of omission.

In the event of an emergency I give permission the Sport Courts Fitness and the staff to administer first aid or in the event that an emergency contact cannot be contacted seek help in the form of paramedics. It is understood that Sport Courts Fitness and staff is not responsible for any and all medical expenses for participants regardless of whether or not their personal insurance will cover it.

Participant Name (print): _____ **Birth Date:** _____

Signature: _____ **Date:** _____

Address _____ **City:** _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

Sport: _____ **Team Name:** _____

Emergency Contact: _____ **Phone #:** _____

If under the age of 18:

Parent/Guardian: Address _____ **City:** _____

Zip Code: _____ **Phone #:** _____ **Email:** _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Sport Courts Fitness ("SCF") has put in place preventative measures to reduce the spread of COVID-19; however, SCF cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending SCF could increase your risk and your child(ren)'s risk of contracting COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SCF and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SCF may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SCF employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at SCF or participation in SCF programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SCF, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SCF, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SCF activities.

Participant's Name _____ DOB _____

Participant's Signature _____

If under the age of 18

Parent/Guardian's Name _____

Parent/Guardian's Signature _____