



166 Athletic Drive • Shelburne, VT 05482

Parent / Guardian Waiver and Release Form

(For those under the age of 18)

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events, and general fitness training which could cause injury to him or her.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercise program or sport related event including tripping, slipping, or falling on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue Shelburne Health & Fitness, Inc., and all affiliates, employees, agents, representatives, successors, or assigns for any injury that might occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any physical exercise program.

Child's Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ - _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Dated: ____/____/____

Parental Waiver 8/05

In case of emergency please notify:

Name: _____

Phone: _____