

Date: \_\_\_\_\_



**Health Warranty:** I warrant and represent that I/my child have/has no disability, impairment or ailment that prevents me/him/her from engaging in active or passive exercise or activities. This representation is made by me knowing that Town Sports International, LLC, its parents, subsidiaries and affiliates (Club) will rely upon it in allowing me/my child to participate in Club activities. I further authorize the Club and its Management to obtain medical treatment for my dependent minor, if applicable. **Waiver and Release of Claims:** I expressly agree that my/my child's use of and/or attendance at the Club and/or participation in any program offered at or by the Club is undertaken at my/my child's sole risk and that the Club's owners, managers, employees and agents or other Club guests shall not be liable for any damages or injuries to me, my child or my property or be subject to any claim, demand, or cause of action, including for any injury or damage resulting from the known and obvious risks associated with participation in any activity, exercise or program. I, on behalf of myself, my executors, administrators, heirs, assigns and successors, do hereby fully and forever release and discharge the Club and its management from any and all such claims, demands, injuries, actions or causes of action. **Photo Consent:** I consent to pictures being taken of me/my child by the Club and understand that such pictures will become the property of the Club. They may be used by the Club for promotional purposes without the payment of fees or other compensation to me.

**Child's Grade:** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name (For a Minor Participant) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Member?    Yes                      No

Emergency Contact (Print Name) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Allergy Concerns \_\_\_\_\_

For myself, or as the parent or legal guardian of a minor, I expressly make the Health Warranty, Waiver and Release of Claims and Consent contained above.

Signature \_\_\_\_\_