



# ONLINE GUEST WAIVER FORM

**\*PLEASE PRINT LEGIBLY & COMPLETE ALL FIELDS\***

Guest or Participant(s) FULL Name \_\_\_\_\_

Guest or Participant(s) Date of Birth \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Guest of \_\_\_\_\_

Amount Paid \_\_\_\_\_ Time \_\_\_\_\_ ID# \_\_\_\_\_ Appointment of \_\_\_\_\_

Parent or Legal Guardians Printed Name (If applicable) \_\_\_\_\_

Emergency Contact (if applicable) \_\_\_\_\_

## GUEST & PARTICIPATION WAIVER:

Guest (s) or Participant(s) Name: \_\_\_\_\_ I, the undersigned, hereby certify that I am the above named person and or the parent or legal guardian of the above-named person. I am fully aware of and appreciate the risks associated with being a guest, participating, and or having my child be a guest or participate in activities at the Executive Health and Sports Center Inc. I further agree on behalf of myself, my heirs, executors, administrators and legal or personal representatives, that Executive Health and Sports Center Inc. along with its members, managers, owners, officers, coaches, officials, referees, umpires, volunteers, employees, agents, and directors of the organization, shall not be liable for any personal injury or any other loss or damage whatsoever occurring as a result of visiting or participation in any service offering and or activity of the Executive Health and Sports Center.

I accept full responsibility for my use or my child's use of any and all apparatus, appliances, facility privilege or service, whatsoever owned and operated by this club at my own risk and shall hold this club harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom.

I hereby give consent to Executive Health and Sports Center, to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of the above-named player's participation. I certify the above-named person is in good health and may participate in all activities as a player at Executive Health and Sports Center.

I give consent for myself and or my child to be photographed, videotaped, and/or filmed while participating in activities and for the resulting images to be used by Executive Health and Sports Center for teaching, promotional and website purposes.

As a guest, or parent/legal guardian of the above-named person, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting myself or my child to participate in activities at Executive Health and Sports Center, and I accept each of the above conditions.

Guest/Participant/Parent and or Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved by \_\_\_\_\_