the EDGE SPORTS & FITNESS PHYSICAL THERAPY KIDS & FITNESS

Guest Registration Information

* photo id and date of birth required.

Your Name: _____ / /
First *Last* *Birth Date*

Child's Name: _____ / /
First *Last* *Birth Date*

*E-mail Address _____

Male / Female

Address: _____
Street Address

_____
City *State* *Zip Code*

Phone Number ( ) Alternate Phone: _____

Additional Family Members:

Name: _____

Name: _____

Name: _____

Would you like information on: Swim lessons / Tennis lessons / Membership Specials / Other _____

Have you spoken to anyone regarding membership? Yes No If yes, whom? _____

Today's Date & Time: **Thank you for visiting!**

*** To opt out of receiving e-newsletters and offers from *the Edge* check here:** ☐

RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in an *Edge*/SFEdge, Inc. program, membership, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation and bring such to the attention of the nearest employee or volunteers immediately; and,
4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Sports & Fitness Edge, Inc., their officers, employees, other participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), with respect to all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.

PARENTS SIGNATURE IS REQUIRED IF PARTICIPANT IS UNDER 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITOUT ANY INDUCEMENT.

Your Signature: _____ Date: _____

Parent/Guardian' Signature (required for guest under 18): _____ Date: _____