

Healthtrax Fitness & Wellness  
Free Swim Registration  
2018

**Educational Playcare**

**Free Swim**

**Tuesday's & Thursdays from 6/18-8/24**

Participant's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Waiver of Liability and Assumption of Risk Agreement**

By signing this waiver of liability and assumption of risk, participant, parent/legal guardian authorizes the above mentioned participant to use Healthtrax Fitness & Wellness at The Avon Wellness Center and acknowledges and accepts the risk inherent in the use of center services apparatus, appliances, facilities activities and voluntary and expressly assumes the risk of injury, accident, death, loss cost or damage to the participant to their property which might arise from use of the center its directors, officers, shareholders, representatives, agents and employees from all claims, liabilities, loss, damage, costs and or causes of action including but not limited to all bodily injuries, property damage weather or not it is contended the center, its agents, representatives or employees or their negligence contributed thereto on whole or in part, or was responsible therefore.

Signature further certifies that the participant is in good health and is able to undertake and engage in physical exercise/sports activities in which he/she chooses to participate. Signature assumes all responsibility for updating the Center of changes in physical condition and from reporting all injuries sustained at the club to the manager or safety director, and releases the Center, its directors, officers, shareholders, representatives, agents and employees from any liability arising out of said information.

**Signature of Parent / Guardian:** \_\_\_\_\_