

INVERSION GYM

867 Eloise Ave, South Lake Tahoe, CA
(530) 544-3547 • inversiontahoe.com

For Office Use Only:		Notes:
Payment:		
Service:		
Entered Date:		

Today's Date _____

New Registration

Existing Member Update

Change of Information

Children's Information

Child 1 _____ Date of Birth ___/___/_____ Male Female

Child 2 _____ Date of Birth ___/___/_____ Male Female

Child 3 _____ Date of Birth ___/___/_____ Male Female

Child 4 _____ Date of Birth ___/___/_____ Male Female

Medical Alert / Allergies / Physical Limitations _____

Primary Paying Parent / Guardian OR Adult Participant

Name _____ Date of Birth ___/___/_____ Male Female

Mail Address _____ City _____

State _____ Zip _____ Email _____

Cell Phone () _____ - _____ Home Phone () _____ - _____

Relationship to Children Above? _____

Secondary Parent / Guardian and/or Emergency Contact

Name _____

Cell Phone () _____ - _____ Home Phone () _____ - _____

Relationship to children Above? _____ Email _____

How did you hear about us?

Please make sure you have signed the release of liability on the following page.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating at Inversion Gym , I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Inversion Gym, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement in held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant(s):

Minor's Name: _____ Minor's Name: _____

Minor's Name: _____ Minor's Name: _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

Parent/Legal Guardian (print): _____ Date: _____

Signature of Parent/Legal Guardian: _____

Consent of Treatment of a Minor

Should it be necessary, in the opinion of a staff member of Inversion Gym , to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Inversion Gym , and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

Signature of Parent/Legal Guardian: _____