

**PARTICIPATION AGREEMENT AND WAIVER
& RELEASE OF LIABILITY**

Participant's Information

Participant's Name: _____

Participant's Address: _____

Parent/ Legal Guardian Information (if Participant is not at least 18 years of age):

Name: _____ Email: _____

Cell: _____ Home: _____ Work: _____

Medical Information (please share any medical conditions): _____



Adaptive Fitness

Therapeutic Exercise

Athletic Development

Social Skills

Tel: 703.909.7971

Waiver & Release of Liability

LCF Kids is not responsible for any illness, harm, bodily injuries, including loss or damage to property suffered while participating in LCF activities or using equipment, whether on or off LCF premises, or for any reason, that LCF is not proven negligent.

In consideration of being allowed to participate in activities with LCF Kids and use LCF facility and equipment, I hereby release and covenant not to sue LCF, its owners, its employees, instructors, or agents, from any and all present and future claims for loss, damage, or theft of personal property, or personal injury, arising as a result of engaging in any activities with LCF, where LCF is not negligent. I hereby voluntarily waive any and all claims, both present and future, that may be made by me, my family, estate, heirs, or assigns.

I understand that all physical activities performed with LCF Kids involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. I am voluntarily participating in activities with LCF Kids with the knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damage, minor or serious personal injury.

I agree to indemnify and hold LCF Kids and any agents harmless for any and all liabilities, losses, costs, damages, claims, expenses (including attorney fees) of any kind and nature arising from participants engaging in activities with LCF Kids.

By signing this, the undersigned declares that:

1. The undersigned is aware of the activities that the participant is participating in and the locations
2. The participant is medically capable of participating in the contemplated events or activities and, to the extent necessary, the undersigned has consulted a personal physician to confirm this.
3. The undersigned acknowledges that the participant has the ability to find out more about the program and that all the undersigned's questions have been adequately addressed.
4. The undersigned understands that LCF Kids has the right to change activities and/or activity locations for safety or other reasons.
5. The undersigned understands that this Participation Agreement and Waiver & Release of Liability is intended to be as broad and inclusive as permitted by the law and agrees that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.
6. The undersigned grants permission for first aid and/or CPR to be given to the participant in an emergency, as determined by the sole discretion of LCF Kids and any agents.
7. If the participant is less than 18 years of age, the undersigned is the parent or legal guardian of the participant and is executing this Participation Agreement and Waiver & Release of Liability on behalf of the participant. The undersigned has read this form and understands that by signing this form, the undersigned is giving up legal rights and remedies that the undersigned and the participants now or in the future.

Participant's Name: _____

Participant's Signature: _____

Parent/ Legal Guardian's Name (if Participant is not at least 18 years of age): _____

Parent/ Legal Guardian's Signature: _____

Date: _____