

**(All party participants must fill out a waiver.)**

**FIT CLUB OF VOLUSIA  
GYMNASTICS, DANCE, CHEER & MARTIAL ARTS  
ORANGE CITY, FLORIDA  
386-774-4348**

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE: \_\_\_\_\_ CHILD'S SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please ask about the different programs that FIT CLUB has to offer. There is something for all ages and interests.



I understand that participation in any supervised activities involving motion, rotation, and height in a unique environment and as such carries with it inherent risk of injury. I understand that risks and dangers associated with participation in these events and activities include, but are not limited to, bodily injury, partial and/or total paralysis and even death. I understand that there may be risks not known or not reasonably foreseeable at this time.

I understand that FIT CLUB teaches a normal progression of skills that promote the safety of the students. I also understand that FIT CLUB has established rules for safety I must follow these rules.

I hereby expressly waive any and all claims for any and all damages or loss to person or property, which may be caused by an act, or failure to act by FIT CLUB OF VOLUSIA and Ken Pfeifauf and/or their agents. I hereby assume full responsibility for said student's personal safety and release all owners, managers, supervisors, and instructors of FIT CLUB from any and all liabilities that may occur by reason of any injury to said student. The risks involved are fully understood. I hereby so agree to the foregoing by my signature hereon.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_