

PARENTAL CONSENT FORM

I, _____ agree
that _____ may
(please print parent or legal guardian's name) (please print participant's name)
exercise at Just Fitness 24/7.

RELEASE: In consideration of participation in a fitness activity, I agree, on behalf of the above named child, his/her heirs and representative, to fully and forever release, Just Fitness 24/7, its officers, volunteers, agents and employees from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to my child or me, related to the activity, regardless of cause. This release covers everything that happens from the time I leave my child at Just Fitness 24/7 until I pick them up.

CONSENT: To the best of my knowledge, the above named child can fully participate in exercise. I am aware of risks and hazards connected with exercise and my child hereby elects to voluntarily participate in Exercise activities, knowing that the exercise and equipment may be dangerous to my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in exercise activities at Just Fitness 24/7, regardless of who caused the incident.

HOLD HARMLESS: It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigned and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue Just Fitness 24/7. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Texas.

MEDICAL COSTS: I understand that Just Fitness 24/7 will not be responsible for any medical costs associated with any injury my child may sustain.

RULES AND REGULATIONS: My child and I further agree to become familiar with the rules and regulations of Just Fitness 24/7 concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of the exercise facility.

INSURANCE: Just Fitness 24/7 urges you to obtain adequate health and accident insurance to cover any personal injury to your child that may be sustained during the Exercise.

MEDICAL TREATMENT CONSENT: I HEREBY FUTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAME CHILD WHILE IN ATTENDANCE AT JUST FITNESS 24/7. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE /WILL NOTIFY JUST FITNESS 24/7'S PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

INFORMED AGREEMENT: I have reviewed this Agreement and am aware of the risks involved in participating in the Exercise and the possible injuries that may occur. My child freely and voluntarily agrees to participate in the Exercise. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. Just Fitness 24/7 has not made any oral representations, statements, or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for Just Fitness 24/7 will be enforced and any violation by my child may result in a call to me with a possible request to come and pick up my child.

Signature of Parent or Legal Guardian _____ Date Signed _____

Printed name of Parent or Legal Guardian _____

Emergency Phone numbers: Father: _____ Mother: _____