



Waiver for Children Under 18

1. **REQUEST FOR ADMISSION OF MINOR CHILD.** I hereby request that Trans4orm LLC admit the following minor child into all fitness classes with a certified instructor. I certify that I am the parent/guardian of the child listed below.

CHILD'S FULL NAME:
DOB:
PARENT/GUARDIAN PHONE:
DATE:

2. **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY TO CHILD.** I understand and agree that there are risks of significant injury to the Child, whether caused by Child or someone else, in their use of the premises. I understand and agree that these risks include, but are not limited to, slips, trips, falls, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical or in any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my own behalf, and on behalf of the Child above, I fully understand, voluntarily accept, and specifically assume these risks of injury to the Child.
3. **WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT.** On my own behalf, and on behalf of the minor Child above, I agree to release and discharge from all liability, and waive all claims, demands and actions against, Trans4orm LLC and its owners, operators, subsidiaries, affiliates, employees, agents, vendors and volunteers (collectively, "Trans4orm LLC") for any and all injuries, harms, or damages sustained by the Child in connection with their use or presence on the premises, or their use of facilities, equipment, services, programs or activities within or outside it's building, resulting or arising from the negligent acts or omissions of Trans4orm LLC, or the negligent acts or omissions of my, the Child, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold Trans4orm LLC harmless against any and all claims brought by anyone against Trans4orm LLC related to such injuries, harms or damages.

By signing this Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to its terms.

NAME OF PARENT/GUARDIAN:	
SIGNATURE OF PARENT/GUARDIAN:	DATE: