

YOUTH PERSONAL DATA FORM

Member # _____
 Member
 Short Term Exp. Date: _____

| | |
|---|---------------------------------------|
| Member Services: | Responsible Party _____ |
| Member Type _____ | Sales Person <input type="checkbox"/> |
| Repetitive _____ | Join Date <input type="checkbox"/> |
| Payroll Deduct Y <input type="checkbox"/> N <input type="checkbox"/> Fax Sent <input type="checkbox"/> | Add on to Main Member |
| SU Fee _____ | Main Member # _____ |
| Pro Rate Dues _____ | Name: _____ |
| Enhancement Fee _____ | Repetitive for Add On _____ |
| OLS <input type="checkbox"/> CTA <input type="checkbox"/> EFT <input type="checkbox"/> Manual <input type="checkbox"/> Short T <input type="checkbox"/> | QC <input type="checkbox"/> |

***Required**

*Last name: _____
 *First name: _____ *Phone: _____ E-mail: _____
 *DOB: _____ *Emergency contact: _____ *Emergency phone: _____
 *Address: _____ *City: _____ *State: _____ *Zip: _____

MINOR WAIVER, RELEASE & INDEMNITY AGREEMENT

In consideration for permission to participate in any class, program or activity at HealthSPORT, specifically including Kids Korner, I, for myself, **and on behalf of the minor child(ren) identified above**, our heirs, personal representatives and/or assigns, do hereby release, waive, discharge, and covenant not to sue HealthSPORT, its owners, employees, contractors, managers and all other related entities and individuals (collectively referred to herein as "HealthSPORT"), from liability for any and all claims for personal injury, illness, death, property damage, or any other claim, including but not limited to claims arising out of the negligence of HealthSPORT, its instructors, its employees (including child monitoring staff) or its agents. This waiver and release of liability applies to all HealthSPORT activities, without limitation, regardless of whether participation is self-directed or organized and led by an employee or agent of HealthSPORT.

It is expressly agreed that participation in any and all HealthSPORT activities, including but not limited to the use of all HealthSPORT premises and facilities, without limitation and whether engaging in exercise or physical activities or not, shall be undertaken by the minor at his or her sole risk, and HealthSPORT shall not be liable for any injuries or any damages to any minor or be subject to any claim, demand, damages or causes of action arising out of the use of, or occurring on, any HealthSPORT premise or facility regardless of whether it was caused by the negligence of HealthSPORT. This waiver and release is intended to be as broadly interpreted as allowed under California law.

The Parent/Guardian executing this waiver and release of liability hereby agrees to hold HealthSPORT harmless from all claims which may be made by or on behalf of any minor listed on this agreement or any of their guests and to defend and indemnify HealthSPORT from any such claims to the fullest extent allowed under California law. This express indemnification provision specifically includes reimbursement for any and all attorneys' fees and litigation costs incurred by HealthSPORT or on its behalf as a result of any such claim or litigation.

The Parent/Guardian also expressly acknowledges that he or she is relinquishing, on behalf of the minor child(ren) using any HealthSPORT location, including but not limited to Kids Korner facilities and child monitoring services, all rights the child may have to sue HealthSPORT for injuries arising out of the use of any HealthSPORT premises, facility or service regardless of whether the injuries were caused by the negligence of HealthSPORT, its employees or agents.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

Contact us at memberservicesarc@healthsport.com

Form #YTH001

ARCATA

300 Martin Luther King Jr. Way
 Arcata CA 95521
 707.822.3488

BY THE BAY

411 First Street
 Eureka CA 95501
 707.268.8220

EUREKA

3441 Pennsylvania Ave.
 Eureka CA 95501
 707.443.3488

FORTUNA

1023 Main Street
 Fortuna CA 95540
 707.725.9484

MCKINLEYVILLE

1500 Anna Sparks Way
 McKinleyville CA 95519
 707.839.9800