



NOTIFICATION OF RISKS  
MEDICAL RELEASE  
ENROLLMENT AGREEMENT AND WAIVER OF  
LIABILITY

In Consideration of allowing my child to participate in activities with **GymStreet USA Corporation** in Wilmington, MA, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, and agrees to the following conditions:

**Notification of Risks:**

- Participants in any and all **GymStreet USA Corporation** activities are subject to risks and/or injuries pertaining to their activity.
- Although Coaches, Supervisors, Counselors, Owners, and employees of **GymStreet USA Corporation** take seriously their responsibility of keeping members and participants safe, the risk of injury cannot be completely eliminated.
- Any and all athletic activities involving body movement and contact with equipment, apparatus and objects that do not move involves a risk of serious injury. Any and all injuries can be serious and include, but are not limited to: bruises, concussions, cuts, dislocations, fractures, internal organ injuries, scrapes, sprains, strains as well as paralysis or death.
- Although incidence of catastrophic injury is small, there is no landing surface that can entirely prevent injury, and no coach, equipment or procedure can completely eliminate these risks.
- Your signature certifies that you have read this document and that you have been notified of the risks involved with the participation in any and all of the activities offered at **GymStreet USA Corporation**. You further acknowledge that you have completed the medical information section to the best of your knowledge.

**PARTICIPANT NAME:** \_\_\_\_\_

\_\_\_\_\_ Participant is free of any medical, psychological or physical disabilities that would make participation in any of **GymStreet USA Corporation** activities inadvisable. (Please initial)

**LIMITATIONS, ALLERGIES, OR DISABILITIES CONTINUE BELOW**

\_\_\_\_\_ Participant **DOES** have medical, psychological or physical disabilities. However, as parent or guardian, I, after consultation with my private physician, request that my child be able to participate in **GymStreet USA Corporation** activities under the following conditions:

\_\_\_\_\_ No limitation in physical activity (Please initial)

\_\_\_\_\_ Disability or physical, limitations as follows: (Please initial)

\_\_\_\_\_ Participant is allergic to: (Please initial & specify) \_\_\_\_\_

\_\_\_\_\_ Participant is on Medications: (Please initial and specify)

\_\_\_\_\_ Participant has prior medical conditions as follows: (Please initial and specify)

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## Enrollment Agreement and Waiver:

I willingly agree to comply with the stated and customary terms, rules and conditions for participation.

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf.

I agree that the participant(s) named below and I will comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at **GymStreet USA Corporation**.

I am aware that there are inherent risks associated with participation in any or all programs, parties, and/or participation in and on the play area and inflatable equipment, gymnastic apparatus, fitness equipment, aerobic, fitness and martial arts classes, and rock walls.

I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risks, both known and unknown, including those that may arise out of the negligence of **GymStreet USA Corporation** and their affiliates, officers, members, agents, employees and/or other participants.

I, on behalf of myself and the participant(s) named below, my heirs and assigns, next of kin, and all others acting on my or the participant's behalf, hereby release and hold harmless **GymStreet USA Corporation** and their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from any and all liability, loss, damage, costs (including medical expenses and attorneys fees), claims and/or causes of action, including but not limited to all bodily injuries, arising out of the participation in the programs and activities referred to herein, including as a result of negligence.

I understand the staff of **GymStreet USA Corporation** are not physicians or medical practitioners of any kind. I hereby authorize **GymStreet USA Corporation** to render first aid to the participant(s) listed below in the event of any injury and if deemed necessary to call for an ambulance to have the participant(s) taken to the nearest hospital, the costs of which I agree to pay.

I hereby grant and convey unto Gymstreet USA all right, title, and interest in any and all photographic images and video or audio recordings made by Gymstreet during my activities with Gymstreet USA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings and consent to the unrestricted use by Gymstreet USA of said images and recordings.

By signing below I agree to the above conditions, should I decide to participate.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents/Guardians Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
(Other than Yourself)

Parent/Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Participant Printed Name: \_\_\_\_\_



By checking this box I am indicating that **I DO NOT WISH** to have Pictures/Video taken/posted of my child.

**GymStreet USA Corporation**

**P.O. Box 71**

**Tewksbury, MA 01876**