

MINOR HEALTH & FITNESS LIABILITY WAIVER

| I, _ | (parent/legal guardian) consent to the following for |
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| (minor child): | |
| 1. | My child is voluntarily participating in an exercise class at PDR Physical Therapy & Wellness Center (PDR). I recognize that the programs/classes require physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. |
| 2. | I represent and warrant that my child has no medical condition that would prevent his/her participation in the programs/classes. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the above programs/classes or use of equipment. |
| 3. | I knowingly and voluntarily and expressly waive any claim I may have against PDR Physical Therapy & Wellness Center or any instructor, employee, officers, owners, personal trainer, or volunteer of PDR for injury or damages that my child may sustain as a result of participating in the programs, classes or by use of equipment. |
| 4. | I, my heirs or representatives forever release waive, discharge, and covenant not to sue PDR Physical Therapy & Wellness Center, its employees, officers, owners, and sub-contractors for any injury or death caused by their negligence or other acts. I understand that misuse of equipment may result in injury. |
| 5. | By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending an exercise class at PDR and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PDR may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PDR employees, trainers, other members, or their families. |
| 6. | I understand the minor membership policies set by PDR. I understand that failure to follow these policies or misuse of equipment is a direct violation of the membership agreement and may result in the revocation of my child's membership. |
| 7. | PDR gymnastics program for children is based on enrollment (a reserved space), not attendance. To maintain a space within our program, fees must be paid during the absence of a child due to illness, or for any other reason of the absence. There will be no pause option unless otherwise approved by management. No make-up days/classes are allowed due to absence. |
| I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. | |
| Pa | rent/Guardian Signature: Date: |
| Parent/ Guardian Name (Print): | |
| Minor Name: DOB: | |