



# REPS YOUTH WAIVER

## MEMBER INFORMATION/YOUNG ADULT

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Both Parents or Legal guardian signature required or participation prohibited!  
 Send Picture of Form to (951-878-5565) for Validation

Mother

Father

Print \_\_\_\_\_

Print \_\_\_\_\_

Sign \_\_\_\_\_

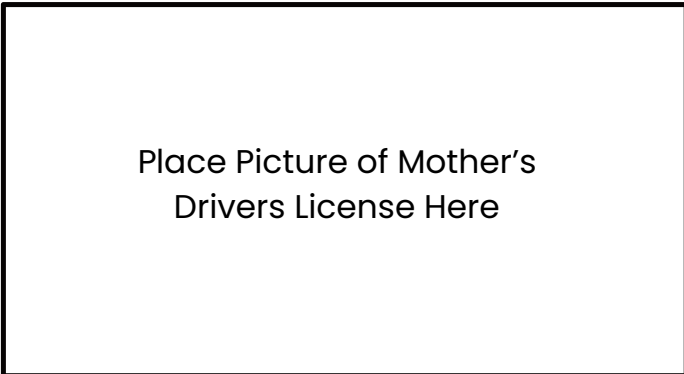
Sign \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Contact # \_\_\_\_\_

Contact# \_\_\_\_\_



Place Picture of Mother's Drivers License Here



Place Picture of Father's Drivers License Here

### I understand and acknowledge the following :

- Using the Reps For Life facilities involves the risk of injury to you or your guest, whether you or someone else causes it. Specific risks vary from one activity to another and the risks range from minor to major injuries, such as catastrophic injuries including death. In consideration of your participation in the activities offered Reps for life you understand and voluntarily accept this risk and agree that Reps For Life, its officers, directors, employees, volunteers, agents and independent contractors will not be liable for any injury, including without limitation, personal bodily, or mental injury, economic loss or any damage to you, your spouse, guest, unborn child or relatives resulting from the negligence of Reps For Life or anyone on Reps For Life's behalf or anyone using the facilities whether related to exercise or not. Further more you understand and acknowledge that Reps For Life does not manufacture fitness equipment, but purchases and /or leases equipment. You understand and acknowledge that Reps For Life is providing recreational services and may not be held liable for defective products. You also represent that you are in good condition and have no medical reason or impairment that might prevent you from your intended use of facilities. As such you acknowledge that Reps For Life did not give medical advise relating to your physical condition and ability to use the facilities. By signing below you acknowledge and agree that you have read the foregoing and know of the nature of the activities at Reps For Life and agree to all terms of this agreement.

## CONSENT STATEMENT

I/WE \_\_\_\_\_ Give permission for our child to work out at RepsForLife Gym