

Participant Information

Date: _____



A Separate form MUST be filled out for EACH participant / child

_____		_____	
Participant Name (First, Last)		E-Mail	
_____		_____	
Primary Phone	Alternate Phone	Referred By	
_____	_____	_____	
_____		Male / Female	_____
Date of Birth	Age	Circle One	Grade / School / Sport/Employer
_____	_____	_____	_____
If under 18, Parent Name (First, Last)		Email Address	Phone
_____		_____	_____
Address Street		City	State, Zip
_____		_____	_____

WAIVER OF LIABILITY PLEASE READ AND SIGN

I hereby warrant, represent and agree that I am (or participant is) in good physical condition and that I, or participant, has no disability, impairment or ailment that prevents me, or participant, from engaging in active or passive exercise. I have been fully informed of, understand, and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity and understand, and am aware that fitness and sports activities involve a risk of injury, including the risk of stroke, heart attack, death or serious disability, and that participation in these activities is voluntary and understand using equipment and machinery can be dangerous. I acknowledge that I (or participant) has either had a physical examination and have been given physician's permission to participate, or that I have decided to participate, or allow participant to participate, in the exercise activities programs and use of equipment without the approval of a physician, and do hereby assume all responsibility and accept any and all risks of injury or death for my (or participants) participation in said activities, programs and use of equipment. In consideration of being allowed to participate in the sports / fitness programs of STAT, LLC ("The-PITT") and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby indemnify, hold harmless and forever waive, release and discharge The-PITT and its officers, agents, employees, representative, executors, volunteers, consultants and all others acting on their behalf from any and all claims, demands, damages rights of action or liabilities for injuries, loss or damage to my person and/or property, whether they be known or unknown, anticipated or unanticipated, including those caused by the ordinary negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of The-PITT, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by The-PITT. Participant or Guardian assumes full responsibility for any injuries, damages or losses which may occur to the participant, or their property and fully understands that The-PITT personnel are not physicians or medical practitioners of any kind. With that in mind, I hereby authorize The PITT to act for me, or for participant according to their best judgement in an emergency requiring medical attention. Occasionally pictures, videos or other multimedia are taken for promotional purposes. I give my permission to allow The-PITT to use pictures and or videos taken of me, and or of participant, in any flier, brochure, website or publication; and release The-PITT from any and all liability arising out of or in any way connected with the use or publication of these images.

Adult Participant or Guardian Signature: _____ **Date:** _____