***THIS IS A RELEASE OF LEGAL RIGHTS — READ AND UNDERSTAND BEFORE SIGNING***   
ONE WAIVER MUST BE SIGNED FOR EACH CHILD

I hereby certify that I am the adult parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child under the

First and Last Name of **CHILD**

age of eighteen years, and I consent to his/her participation in academic and/or athletic recreational activities with Lionhearts Fitness. I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of (1) said minor child’s participation in activities with Lionhearts Fitness and (2) his/her use of the facilities. I recognize my responsibility to ensure that said minor child participates only in those activities for which he/she has the required skills, qualifications, training and physical conditioning. I understand that Lionhearts Fitness shall have no responsibility to pay for medical treatment and related costs if said minor child is injured. I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my minor child’s use of the facilities. To the fullest extent allowed by law, I hold harmless and agree to indemnify Lionhearts Fitness, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said minor child may suffer or for which said minor child may be liable to any other person, related to said minor child’s participation in activities with Lionhearts Fitness, resulting from any cause whatsoever, and regardless of fault. I am at least eighteen years of age and have carefully read and freely signed this Liability Waiver and Release Form (Minor Child). I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the states of Tennessee and Georgia (excluding its conflict of laws principles).

Please write very carefully, so we can best take care of your child/children.

Parents Name: FIRST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Only authorized persons may pick up any child/children. You must list your authorized responsible party below. You must contact us in writing to add or remove any party. We do this as a precautionary measure to protect your child/children from unauthorized pick up.

1. 2.

3.

\_\_\_\_\_\_ Lionhearts Fitness has my permission to pray for my child. \_\_\_\_\_\_ I would rather Lionhearts Fitness does not pray for my child.