



MEMBERSHIP AGREEMENT, INCLUDING REGISTRATION AND RELEASE & WAIVER OF LIABILITY

First and Last Name _____ Age _____ DOB _____

Child's Name _____ Age _____ DOB _____

Address _____ City: _____ State: _____ Zip: _____

Contact Info: Work # _____ Home # _____

Cell # _____ Email _____

Emergency Contact (name and phone) _____

I _____ (please print name): agree to the following

1. That I or my child is participating in the tumbling, sports, games, camps, parties, dance, music classes, programs or workshops offered by Tumble Tikes or Triple jump Fitness, at this time I or my child will receive information and instruction about fitness and movement. I recognize that fitness movement requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I recognize that is my responsibility to notify my Tumble Tikes Instructor or TJF Coach of any serious illness or injury before every class. As a result, I agree to not perform any exercises to the extent that it may cause injury.
3. I understand that it is my responsibility to consult a physician prior to and regarding my or my child's participation at Tumble Tikes or TJF. As a result, I represent and warrant that I or my child is physically fit and I have no medical condition that would prevent my full participation at Tumble Tikes/Triple Jump Fitness.
4. In considering participation at Triple Jump Fitness, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
5. In further consideration of being permitted to participate at Tumble Tikes or TJF, I knowingly, voluntarily and expressly waive any claim I may have against Tumble Tikes or Triple Jump Fitness for injury or damages that I sustain as a result of participating in the program.
6. I, my heirs or legal representatives forever release waive, discharge not to sue Tumble Tikes or Triple Jump Fitness for any injury or death caused by their negligence or other act.

INITIAL BELOW

____ I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

____ I am aware of the training guidelines and gym policies and fully understand its contents. I voluntarily agree to the terms and conditions stated. (find at www.triplejumpfitness.com)

____ I have read and understand the policies & procedures of Triple Jump Fitness.

Signature of participant or parent/guardian of participant

Date

witnessed by:

Program:

Payment Options:

_____ Gym/Sports Class (day/time _____)

\$ _____ Cash

_____ Fit Family Boot Camp (day/time _____)

\$ _____ Check # _____

_____ Core Strength Boot Camp (day/time _____)

\$ _____ Credit Card

_____ Running Club

card # _____

_____ Nutritional Coaching

exp date _____ code _____ zip _____

Checks made out to **Tumble Tikes or Triple Jump Fitness**

275B Marginal Way, Portland, ME 04101 (207)253-5244 www.triplejumpfitness.com