



Kids Class Registration/Waiver

(Please print and complete)

Child's Name _____ Age _____ Class _____

Parent/ Legal Guardian Name _____

Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

In consideration of being permitted to use Bay Tennis & Fitness / CrossFit Harbor Springs facilities and equipment, on behalf of myself, my family, my heirs, and my assigns, I hereby release Bay Tennis & Fitness / CrossFit Harbor Springs, its owners, operators, employees, and agents from liability for injury, death, or property loss suffered by me resulting from the ordinary negligence of Bay Tennis & Fitness / CrossFit Harbor Springs, its owners, operators, employees, or agents while I am using the facility, equipment, or in any way associated with participating in any and all club activities now or in the future.

I acknowledge that I know, understand and appreciate the inherent risks of using Bay Tennis & Fitness / CrossFit Harbor Springs facilities and equipment and participation in any class, activity, program or instructions, including, without limitation, use of the locker rooms, sauna, parking area, sidewalk, or any of the facilities and equipment in Bay Tennis & Fitness / CrossFit Harbor Springs. I know that these risks range from minor scrapes, strains, and bruises to significant injuries such as broken bones, eye injury or loss, concussion, paralysis, and even death. By execution of this agreement, I fully assume the inherent risks associated with athletic club use and assert that I am voluntarily participating in such activities. I hereby give permission to Bay Tennis & Fitness / CrossFit Harbor Springs to use my image and photographic likeness in all forms and media for advertising, trade and any other lawful purposes. This includes any and all images, photographs, and videos taken of me, without further compensation to me. All film or digital files shall constitute the sole property of Bay Tennis & Fitness / CrossFit Harbor Springs.

Signature _____ Date _____

(Parent / Legal Guardian Signature if under 18 yrs.)

Office Use

Date Purchased: _____ **Invoice #** _____ **Sold by:** _____

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