



Genesis Health Clubs, LLC Information and Release Form

Today's Date: _____
Name: _____ Age: _____ Birth Date: _____ Gender: M / F
Address: _____
City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relation: _____ Phone: (____) _____
Physician's Name: _____ Phone: (____) _____

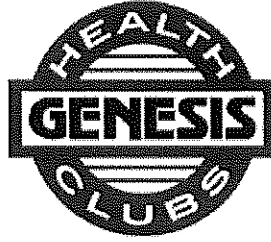
Please list any current or previous health problems/conditions that may affect your own or your child's physical activity: _____

Waiver and Release

- I/We (if married) understand that participation in any instructional and/or recreational activities at Genesis Health Club, LLC (hereinafter referred to as "Genesis"), including but not limited to Aquatics classes, weightlifting, Group Fitness classes, Children's classes and activities, Personal Training and climbing on the Climbing Wall as well as other related programs and activities at Genesis (the "Programs") is voluntary and that all Programs and the use of the related facilities and equipment carries some physical risk.
- I/We certify (i) that myself/ourself and my/our child is in good health and that he/she has no physical limitations which would preclude him/her from the safe use of the facilities and equipment related to the Programs offered by Genesis; and (ii) that I/we have sufficient health, accident and liability insurance to cover any Damages that may result as a consequence of myself/ourself and my/our child participating in the Programs and if I/we have no such insurance, I/we certify that I/we am/are capable of personally paying for any and all such Damages.
- I/We understand that if I/we or my/our minor child is injured or our property is damaged while participating in the programs, that the injury or loss will not be covered or reimbursable by Genesis.
- I/We agree to assume the risk of any and all illness, injury (minor serious or catastrophic in nature including claims and suits at law or in equity for any injury, fatal or otherwise) or damage (to person or property) resulting from my/our participation or my/our minor child's participation in all Programs, including the use of the facilities and /or equipment associated with the Program ("Damages").
- I/We hereby waive all claims, on behalf of myself/ourselves and claims by my/our minor child (including claims which may be brought after attaining majority), now or in the future, for any such Damages and do hereby release and discharge Genesis and it's respective officers, directors, instructors, agents, employees and assigns from any and all liability for any such Damages.
- I/We fully understand that Genesis instructors, agents and employees ("Genesis staff") are not physicians or medical practitioners of any kind. With the above in mind, I/we hereby release and grant permission to the Genesis staff to render temporary first aid to myself/ourself and my/our child in the event of any injury or illness, and if deemed necessary by the Genesis staff to call a doctor to seek medical help, including transportation by a Genesis staff member, whether paid or volunteer, to any health care facility or hospital or the calling of an ambulance for myself/ourself or said child should the Genesis staff deem this necessary.
- I/We assume full responsibility for all liability in connection with such damages and agree to indemnify Genesis against any and all such claims and related costs, including claims by my/our minor child that may be brought after attaining majority.
- I/We understand that any certification issued by Genesis related to the climbing wall is not an expressed nor implied endorsement of wall climbing ability nor is it an endorsement of ability to climb on any other surface.

Signature (Parent or Legal Guardian, if minor) Date _____ Phone (____) _____

Signature (Parent or Legal Guardian, if minor) Date _____ Phone (____) _____



GENESIS HEALTH CLUBS

RELEASE OF LIABILITY FROM PARENT OR GUARDIAN

I accept full responsibility for my child's use of any and all apparatus, appliances, facility privilege, or service whatsoever, owned and operated by this Club at their own risk and shall hold this Club, its shareholders, directors, officers, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by my child resulting therefore.

Child's Name

Parent or Guardian Signature

Date

Genesis Health Clubs

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Manhattan, KS 66502

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Email: angelia.brinneman@genesishealthclubs.com