



At **Gunstock Inn & Resort**
580 Cherry Valley Rd
Gilford, NH 03249
603-293-2600

Email: fitness@gunstockinn.com
Website: www.gifitnessandswim.com

Waiver and Release of Liability Minor Child

1. In signing this document, I acknowledge that I _____ Legal parent/guardian of the minor child _____, I have voluntarily chosen to allow my minor child to participate in a personal fitness training activity and program at GI Fitness & Swim. I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks may be associated with any exercise program. I agree to allow my child to engage in physical exercise or activity, or the use of any GI Fitness & Swim equipment on the premises, I do so knowing entirely of the risk and I agree that I am voluntarily allowing my child to participate in these activities and the use of these facilities and premises. I do hereby assume all responsibility or risk of possible injury, illness, or even death to my child, I do hereby forever waive, release and discharge GI Fitness & Swim, or its Parent Company The Gunstock Inn Resort, its staff, employees, owners, representatives, agents, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my child and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my child's participation in any activities, programs or services of GI Fitness & Swim or the use of any equipment provided by or recommended by GI fitness & Swim.

(Please Initial: _____)

2. I have been informed of, understand and am aware that strength, endurance, flexibility, aquatic and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of serious injury, including a remote risk of death or serious disability, and that I am voluntarily allowing my child in participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

(Please Initial : _____)

3. I do hereby further declare that my child to be physically sound condition, free of impairment, disease, infirmity or other illness that would prevent his/her participation in these activities or use of equipment, mechanical or otherwise, free standing. I do hereby acknowledge that I have been informed of the need for a physician's approval for his/her participation in the exercise activities, programs and use of exercise equipment/pool. I also acknowledge that it has been recommended that I have my child receive a physical examination, consultation with a physician as to physical activity, exercise and use of exercise equipment/pool. I acknowledge that my child has had a physical examination and have been given physician's permission to participate or I have decided to permit my child to participate in the exercise activities, programs as well as the use of

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equipment/pool without the approval of a physician and do hereby assume all responsibility for my child's participation in said activities, programs and use of equipment/pool.

(Please Initial : _____)

4. I understand that GI Fitness & Swim is providing and maintaining and exercise/fitness/aquatic program for my minor child does not constitute and acknowledgment, representative or indication of my child's physiological well-being or a medical opinion relation thereto.

(Please Initial : _____)

5. I understand and agree that GI Fitness & Swim is also not responsible for any loss of or damage to any personal property.

(Please Initial : _____)

6. GI Fitness & Swim reserves the right to refuse membership or the use of fitness equipment/pool to anyone who is not following rules of good conduct while on property.

(Please Initial : _____)

7. I have carefully read the above liability release and sign it with full legal capacity, authorization and knowledge of its contents and significance to act on behalf of the minor named herein.

(Please Initial : _____)

Print Child's Name _____ Birth Date _____

Physician _____ Phone _____

Print Parent Name _____ Date _____

Parent Signature _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Address _____ Relationship _____