

JAS Fitness, LLC
Vero Beach, FL
dba
3296hoop
Phone: 772- 321-6003

Liability Release and Registration Form

Participant Information

Name: _____ Age: _____

Address: _____

Today's Date: _____ Date of birth: _____

Parent/ guardian NAME and PHONE NUMBER: _____

I, _____, have enrolled my child, _____, in a program of strenuous physical activity including, but not limited to walking, running, aerobics, weight lifting, stretching and the use of various conditioning and exercise equipment. I am aware that discussing participation with my physician(s) before beginning any exercise program is strongly recommended and encouraged.

I understand that 3296hoop is owned and operated by JAS Fitness, llc and per this agreement both entities are considered as one and the same.

I understand that injuries may occur as a result of my child's participation in the program and hereby release JAS Fitness, LLC along with its instructors, personal trainers and associates from any and all liability now or in the future, including but not limited to medical expenses, lost wages, or pain and suffering that may occur from heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/back/foot injuries and any other illness or injury, however caused, whether occurring during or after my participation in the program. I understand that exercising and participating in any event within any public facility has risks of contracting different communal diseases including but not limited to the common cold, influenza, and COVID-19 and assume the responsibility of that risk.

In consideration of my child's participation in the training program or event, for my child, myself, employees, heirs, assigns, agents, officers, directors, shareholders and co-workers hereby release JAS Fitness, LLC along with its employees, instructors, personal trainers and associates from any and all claims, demands or causes of action arising from my child's in the program.

I understand that this program is not sponsored by the City of Vero Beach. I certify that the City of Vero Beach is to be held harmless for any and all accidental injuries incurred and I hereby release the City of Vero Beach from all liability for any injury my child or I might sustain, however occurred while on City property. I assume all risks associated with participating in this event.

I authorize the use of any still / video image of my child for promotional material including on social media platforms. I understand there is no compensation monetarily or otherwise relating to such use.

I hereby agree to accept and be legally bound by this liability release.

Parent/Guardian signature _____ **Date** _____

FACILITY USE
-CLASS PARTICIPATION ONLY-
NON-CITY RESIDENT

CITY OF VERO BEACH
RECREATION DEPARTMENT
2266 14th Avenue
Vero Beach, FL 32960
(772) 567-2144

Expiration Date:

General Liability Release and Indemnity Agreement

In consideration of the acceptance of my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events, and with the understanding that the program, activities, and events in which I and/or my child or ward participate carry with them the potential for serious injury, death, and property loss or damage, which risks include, but are not limited to, those caused by terrain; facilities and equipment; swimming pools and fountains; water conditions, including, but not limited to, pollution, temperature, currents and waves; participant's abilities and equipment; vehicular, pedestrian and vessel traffic; weather; temperature; and actions of other people, including, but not limited to, participants, volunteers, spectators, coaches, officials, monitors, media, and sponsors/producers of the program, activity, or event, I RECOGNIZE AND AGREE TO ASSUME ALL RISKS known and unknown that arise or might arise incidental to such participation, and, on my own behalf, on behalf of my child or ward, and on behalf of me and my child's or ward's parents, guardians, heirs, executors and administrators, next of kin, successors and assigns, RELEASE and forever discharge the released parties defined below, of and from any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, known or unknown, arising out of or in any way connected with my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events, and I further agree to indemnify and hold each of the released parties harmless against any and all liabilities, claims, demands, damages, actions, costs or expenses of any nature, including, but not limited to, all attorney's fees and disbursements, arising out of or in any way connected with my participation and/or the participation of my child or ward in the City of Vero Beach Recreation Department program, its activities and events.

The released parties are the City of Vero Beach, its elected officials, officers, employees, agents, representatives, volunteers, their successors and assigns, and event sponsors, producers, their agents, successors and assigns. I understand and agree that this General Liability Release and Indemnity Agreement includes any claims based on the negligence, actions or inaction of any of the released parties and covers bodily injury, death and property damage or loss, whether suffered by me and/or my child or ward, before, during, or after such participation, including travel to or from an activity or event whether by private transportation or City of Vero Beach provided transportation, or on account of any first aid treatment or service.

I certify that I and/or my child or ward are physically fit, sufficiently trained and capable to participate in the City of Vero Beach Recreation Department program, its activities and events, and have not been advised otherwise by a qualified medical person. I authorize medical treatment and services for myself and/or my child or ward if the need arises and I assume all

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responsibility and will fully indemnify the released parties for all medical and other costs incurred for such treatment and services.

I understand that participants may be videotaped or photographed during recreation department program activities and events. My photo, video and film likeness, and that of my child or ward, may be used by the program, activity, and event holders, producers, sponsors, organizers and/or their assigns for any legitimate purpose and I will hold the released parties harmless, on behalf of myself and my child or ward and the parents, guardians and others as outlined above, for such use.

If the participant is a minor or otherwise legally incapacitated, the undersigned parent and natural guardian or legal guardian of the participant hereby represents and certifies that he or she is, in fact, the parent or legal guardian of said child or ward and that he or she possesses the authority to act in such capacity and does hereby so act and agrees to indemnify and hold harmless the released parties from all liabilities and costs as outlined above as may be imposed upon the released parties because of any defect in or lack of legal capacity to execute this release and so act and to release said parties on behalf of the child or ward and parents or guardians and others as outlined above.

I have carefully read this release, understand its contents, and voluntarily signed it below.

PLEASE PRINT

Participant Name: _____ Age: _____

Program: (Circle all that apply) Bolt Aquatics CDH Clinics Indian River Rugby Hot Body Fitness

IRC Basketball JAS Fitness Jujutsu Taekwondo Ultimate Frisbee Underwater Hockey

Vero Classical Ballet Other _____

Parent/Guardian Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Email Address: _____

Emergency Contact Name and Telephone Number: _____

Signature: _____ Date: _____

(Parent/ guardian must sign for children under 18 or legally incapacitated)

Witness Signature: _____

Print Witness Name: _____