



# Birthday Celebration!

Type child's name

## EVENT FORM/WAIVER

Thank you for participating in one of the many events at Fusion Fitness Center. Please fill out this form and return it to the appropriate person. By signing this waiver, you must understand that there is an assumption of risk when participating at Fusion Fitness Center.

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Payment:  Check  Cash  Credit Amount Paid: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

As a patron of Fusion Fitness Center located at 3203 Minnesota Ave, Panama City 32405, I state that I and/or my child will engage in any number of activities at Fusion Fitness Center including but not limited to, Fitness Area, indoor Soccer, Flag Football, Basketball, Volleyball and any other sports and/or non-sporting events.

I have inspected the premises and I know the risks and possible dangers of participation in such activities, and I am aware of the unexpected risks and possible dangers that may be incidental to participation in the above activities. In exchange for my permission granted to myself or my child, my heirs and assigns, and my child's heirs and assigns I hereby waive and discharge Fusion Fitness Center and Lynn Haven United Methodist Church and all its employees, agents, subcontractors and successors in interest from all claims, actions or cause of actions for any injuries to myself or my child's person or property during my child's presence on the above mentioned property regardless of the activity engaged. This waiver is operative regardless whether injury was caused by negligence of any others fault.

In the event that any portion of this agreement is declared void by a competent jurisdiction, the remainder shall have full force and effect. This release and waiver is to remain in effect for a period of one (1) year from the date signed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Print Name

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

