

**Youth waiver**

**PLAYGROUNZ, INC.  
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_, give my child,  
\_\_\_\_\_ permission to train at Playgrounz Inc, and  
hereby agree to the following:

1. My child is participating in a Playgrounz fitness or training program offered by Playgrounz, Inc., during which they will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to have my child consult with a physician prior to and regarding their participation in the Playgrounz fitness or training program. I represent and warrant that they are physically fit and have no medical condition, which would prevent their full participation in the Playgrounz fitness or training program.
3. In consideration of being permitted to participate in the Playgrounz fitness or training program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which my child might incur as a result of participating in the Program.
4. In further consideration of being permitted to participate in the Playgrounz fitness or training program, I knowingly, voluntarily and expressly waive any claim I may have against PLAYGROUNZ INC., for injury or damages that my child may sustain as a result of participating in the Program.
5. I, my heirs, assigns or legal representatives forever release, waive, discharge and covenant not to sue PLAYGROUNZ INC., for any injury or death caused by negligence or other acts.
6. I allow Playgrounz Inc to use videos or pictures of my child \_\_\_\_\_ in their promotional videos/materials.

I have read the above release and waiver of liability and fully understand its contents.  
I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone # for Emergency

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email