

# RANGER TEAM TRAINING

## MINOR HEALTH & FITNESS LIABILITY WAIVER

I, \_\_\_\_\_ (parent/legal guardian) consent to the following for  
\_\_\_\_\_ (minor child):

My child is voluntarily participating in an exercise class, cardio-training, strength-training or personal training program at Ranger Team Training in Virginia. I recognize that the programs/training require physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the above programs/training or use of equipment. I represent and warrant that my child has no medical condition that would prevent his/her participation in the programs/classes. I agree to assume full responsibility for any risks, injuries or damage known or unknown which my child may incur as a result of participating in the programs, training, or use of equipment. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. I knowingly and voluntarily and expressly waive any claim I may have against Ranger Team Training or any instructor, employee, officers, owners, personal trainer or volunteer of Ranger Team Training for injury or damages that my child may sustain as a result of participating in the programs, training, or by use of equipment. I, my heirs or representatives forever release waive, discharge and covenant not to sue Ranger Team Training, its employees, officers, owners and sub-contractors for any injury or death caused by their negligence or other acts. I understand that misuse of equipment may result in injury. I understand the minor membership policies set by Ranger Team Training. I understand that failure to follow these policies or misuse of equipment is a direct violation of the membership agreement and may result in revocation of my child's membership. I consent to allow Ranger Team Training to collect my child's photograph, by capturing his image at Ranger Team Training for identifying him as a member, volunteer or program participant. Ranger Team Training periodically takes pictures or video of RTT members and persons participating in programs/training to use for promotional purposes and programming materials including social media and the RTT website. I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name (Print): \_\_\_\_\_

Minor Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Minor Member Signature: \_\_\_\_\_