



In the event of an emergency while participating in any Program or activity, I authorize SRAlab or any employee or agent of SRAlab to secure from any licensed hospital, physician, paramedic, or other licensed medical personnel, any treatment deemed necessary for my immediate care, and I agree that I shall be solely responsible for payment of any such medical treatment or services. I further authorize SRAlab or any employee or agent of SRAlab to notify the person I have listed below as my emergency contact.

I fully release, waive, and relinquish all claims, demands, actions, or causes of action, known or unknown, which I may have against SRAlab or any of SRAlab's officers, directors, shareholders, agents, employees, heirs, and assigns, as a result of my participation in any Program or activity, including use of equipment, occurring at, offered by, sponsored by, or in partnership with SRAlab.

I further agree to indemnify and hold harmless SRAlab and SRAlab's officers, directors, shareholders, agents, employees, heirs, and assigns from any and all claims resulting from any personal injuries or property damage sustained by me or arising out of, connected with, or in any way associated with my participation in any Program or activity, including use of equipment, occurring at, offered by, sponsored by, or in partnership with SRAlab and any medical treatment provided to me by SRAlab or its employees or agents.

I have read and fully understand this Consent, Release, and Waiver of Liability, and I have not changed it in any way (whether oral or written).

\_\_\_\_\_  
Participant Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGMENT AND SIGNATURE OF PARENT/GUARDIAN**

This is to certify that I, a parent/guardian with legal responsibility for this Participant, do consent and agree to their release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the Participant's involvement or participation in these programs as provided above.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian (if not signed by Participant): \_\_\_\_\_

Relationship to Participant /Date: \_\_\_\_\_/\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian (if not signed by Participant): \_\_\_\_\_

Relationship to Participant /Date: \_\_\_\_\_/\_\_\_\_\_

## ADAPTIVE SPORTS & FITNESS PROGRAM RULES

### General Program Rules

1. Participants may only use the Fitness Center for Program activities and under the supervision and/or instruction of Program staff.
2. Smoking, drug use, and alcohol use are strictly prohibited in the Fitness Center. Working out, exercising and/or participating in Programs under the influence of drugs or alcohol is also prohibited.
3. Threatening, violent, disrespectful, discriminatory, or inappropriate behavior is not tolerated.
4. Soliciting products, merchandise, or services to members is not allowed at any time.
5. Food and/or beverages, other than water, are not allowed in the Fitness Center.
6. Participants must wear appropriate clothing while participating in Programs.
7. Participants are to assist in maintaining the cleanliness of Program and Fitness Center facilities and equipment by cleaning up behind themselves.
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**ACKNOWLEDGMENT AND SIGNATURE OF PARENT/GUARDIAN**

This is to certify that I, a parent/guardian with legal responsibility for this Participant, do acknowledge and agree that I have read these rules (or had them read to me) and I will ensure that Participant complies with them. I acknowledge and agree that failure to comply with these rules may result in the temporary suspension or permanent revocation of Participant's Program privileges.

Signature of Participant or Parent/Guardian: \_\_\_\_\_

Date/Time of Signature: \_\_\_\_\_ / \_\_\_\_\_

Printed Name of Parent/Guardian (if not signed by Participant): \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Signature of Participant or Parent/Guardian: \_\_\_\_\_

Date/Time of Signature: \_\_\_\_\_ / \_\_\_\_\_

Printed Name of Parent/Guardian (if not signed by Participant): \_\_\_\_\_

Relationship to Participant \_\_\_\_\_