



Archery & Fitness Summer Camp 2021

Located at 361 E. Michigan St Orlando, FL 32806

407-422-6649

WAIVER AND RELEASE OF ALL CLAIMS BY CLIENT

I, _____, (the "Client"), hereby agree that I have read and understood the terms of this agreement. I represent that I have advised Signature Fitness/Orlando Archery Academy (by and through its employees or agents) of any medical or physical condition or limitation that should be taken into account before beginning an exercise and/or nutritional program. In exchange for the services to be rendered by Signature Fitness (by and through its employees, agents, apparent agents and independent contractors), I further agree as follows:

1. I am an adult over the age of 18 and wish to participate in an exercise and/or nutritional program rendered by Signature Fitness (including its employees, agents and independent contractors). In addition, I give permission for my children, identified below, to participate in program activities at Signature Fitness:

_____	_____
Child's Name	Date of Birth

_____	_____
Child's Name	Date of Birth

_____	_____
Child's Name	Date of Birth

I understand and expressly agree that Signature Fitness (including its employees, agents, apparent agents, officers, directors, and independent contractors) *shall not be liable* for any injuries or damages to Client or Client's children (identified in Section 1, above), *or be subject to any claim, demand, injury or damages* whatsoever, including without limitation those damages arising out of acts of passive or active negligence on the part of Signature Fitness (including its employees, officers, directors, agents, apparent agents and independent contractors). ***I agree that by signing this agreement, I expressly and forever release and discharge Signature Fitness*** (and its officers, directors, employees, agents, apparent agents and independent contractors) ***from all such claims, demands, injuries, damages, actions or causes of action.*** I further acknowledge that I have carefully read this paragraph and understand that it is a voluntary waiver and release of liability.

Client Name: _____

Client Signature: _____

Witness Signature: _____

Date: _____