



SNOQUALMIE RIDGE ATHLETIC CLUB
7713 Center Blvd SE #120
Snoqualmie, WA 98065
(425) 396-1312

PROGRAM REGISTRATION FORM

Minor Waiver and Release (17 and under)

PROGRAM NAME: _____

Participant's Name: _____ Age: _____ Date of Birth: ____/____/____

Health Conditions/Allergies: _____

Parent/Guardian's Name: _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Emergency Contact: _____ Phone # _____

Email Address: _____

I, the undersigned parent/guardian of the minor participant named above, give my permission for the said individual to use the Fitness Facilities and/or participate in any outdoor program through Snoqualmie Ridge Athletic Club and will adhere to the requirements specified in SRAC's Policies and Procedures.

I understand that partaking in any physical activity and/or use of the Fitness Facilities and/or participating in any outdoor program through Snoqualmie Ridge Athletic Club for any purpose may pose a serious risk to health or cause death. I understand that any preexisting health conditions can increase the aforementioned risks. I hereby understand that I am personally responsible for listing all health conditions and providing my physician's contact information should circumstances warrant. Snoqualmie Ridge Athletic Club is not liable for the consequences if I fail to disclose any personal health and safety information.

I, on behalf of myself, my heirs, and executors, hereby release and discharge and covenant not to sue Snoqualmie Ridge Athletic Club, its agents, officers and employees, from and for any and all liability for all loss or damages, and any claims or demands therefore, on account of injury to said minor participant's person or property, including death, arising from use of the Fitness Facilities and/or any outdoor program through SRAC; and I agree to indemnify and hold Snoqualmie Ridge Athletic Club and its agents harmless from any loss, liability, damage, or cost, including reasonable attorney fees that may occur as a result of or due to said minor participant's use of the Fitness Facilities and/or outdoor program through SRAC.

I have read, understand and agree to the terms and conditions of the "Program Registration Form: Minor Waiver and Release".

Signature: _____ Date: _____
(Parent/Guardian)