

GO:VER GYM JUNIORS

CHILDS DETAILS	
FIRST NAME	SURNAME
AGE	DOB
MEDICAL PROBLEMS/ALLERGIES/INHALER	
By signing this form, I give consent for appropriate trained staff at Go:ver Gym to give first aid on the above named child if needed	
PARENT/GUARDIAN DETAILS	
FIRST NAME	SURNAME
RELATIONSHIP	
ADDRESS	
	POSTCODE
TEL: HOME	TEL: MOBILE
EMAIL	
By providing your contact details you are agreeing to receiving communication from us that is essential for the smooth running of the services you are partaking in. If you also wish to be added to our mailing list to receive Go:ver Gym news and events, please tick here <input type="checkbox"/>	
SOCIAL MEDIA	
Periodically we may wish to take pictures/videos of the class and post these on our social media pages. Please tick here if you DO NOT wish your child to be included on social media <input type="checkbox"/>	
PICK UP & COLLECTION – CLASS/COURSE SPECIFIC	
We cannot be responsible for the above-mentioned child outside of the class. Please wait with your child until the class starts and pick up promptly after. If needed children can wait, at their own risk, in the studio or in reception, we ask for best behaviour to maintain our members' experience.	
PICK UP – GRASS ROOTS	
We cannot be responsible for the above-mentioned child outside of the allocated grass roots hours. If needed children can wait, at their own risk, in reception, we ask for best behaviour to maintain our members' experience.	

Junior Waiver of Liability

I give my full consent for the mentioned child to participate in the Junior classes as organized by Go:ver Training Ltd and held at Go:ver gym. I am aware that although all steps are taken to ensure participants safety, as with all physical activity there are inherent risks which can include accidents, falls, injury or even death.

I confirm that I know of no medical, physical or mental reasons why the mentioned child would not be capable of performing the physical activity in which they wish to participate at Go:ver Gym. I acknowledge my responsibility in communicating to a staff member prior to commencing activity, any physical and/or mental concerns affecting the mentioned child which could conflict with participation in Junior classes.

I assume all risks of injuries associated with use of Go:ver Gym and its facilities including, but not limited to falls, contact with other participants, exercises and techniques taught to me by trainers employed by or providing services for Go:ver Training Ltd. and all other risks being known and appreciated by me.

Having read this waiver and knowing these facts, in consideration of accepting the mentioned child's use of the gym facilities and of services provided to the mentioned child at Go:ver Gym by Go:ver Training Ltd. I agree to **Hold Harmless, Waive and Release** Go:ver Gym, its directors, employees, representatives, anyone else providing a service at Go:ver Gym and successors from any responsibility, liabilities, demands or claims of any kind arising out of the mentioned child's use of facilities at Go:ver Gym or out of their participation in training, classes or anything else organised by or on behalf of Go:ver Gym. Go:ver Training Ltd. will not be responsible for any child outside of their allotted class time.

AGREEMENT	
I hereby acknowledge that I am the legal guardian of the pre-mentioned child and all the information I have give is accurate. I confirm by my signature that I have read and understand the Junior Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.	
FULL NAME	
SIGNATURE	
DATE	
STAFF NAME INPUT DATA MB	DATE