



YOUTH / GUEST FORM (SAST)

Name: _____ Date: _____

Valhalla Member (Includes Parent or Participant)? Yes / No

Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Email: _____ (optional)

Parent or Guardian Name: _____ Phone #: _____

Emergency Contact (other than person here at Valhalla)

Name: _____

Number: _____

Do you play a sport? Yes / No If yes, please list _____

Are you new to fitness exercise? Yes / No

Please list any limitations or health concerns you may have:

Assumption of Risk and Waiver

In recognition of the possible dangers connected with any physical activity, I hereby knowingly and voluntarily waive my right or cause of action of any kind whatsoever arising as the result of such activity from which any liability may accrue to Valhalla Health & Fitness Club, its employees and agents.

I understand that all exercise and participation is done at my own risk and therefore Valhalla Health and Fitness is not liable for any personal injury, accident, death, theft, or loss of personal property. I release Valhalla from any injury arising from its good faith acts or omissions in emergency situations.

I represent that I am over the age of 18, or a parent /guardian of the minor named above and **agree that this assumption of risk and waiver binds me and the minor of all its terms.**

Signature _____

Date _____