



FAMILY LAST NAME: _____

General Participant Waiver

For (but not limited to): Risk-Free Trial, Classes, Clinics, Camps, Private Lessons, Birthday Parties, Field Trips, Sensational Saturday, Teen Nite, Fundraising Events, Community Events & General Facility Use

Step 1. Family Information / Parent / Guardian / Billing Contact / Adult Participant

Parent #1 First Name: _____		Last Name: _____	
Address: _____		City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Parent #2 First Name: _____		Last Name: _____	
Address: _____		City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____	
Email: _____	How Did You Hear About Us? _____		
100% of our communication regarding class information is via email!			
Emergency Contact Name: _____		Emergency Contact Phone: _____	

Step 2. Participant Information / Parent-Tot Parents Are Participants Also

1st Participant Information				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
2nd Participant Information				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
3rd Participant Information				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
ANYTHING WE SHOULD KNOW ABOUT PARTICIPANT(S)				

RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY

As the participant, or as a parent/legal guardian of a minor child under the age of 18 who will be participating in activities at Motion Matrix, I acknowledge and recognize that potentially severe injuries, including permanent paralysis or death can occur in such activities. I am fully aware of these dangers and, on behalf of myself and/or my minor child, I voluntarily consent to the above named participants participating in any and all programs at Motion Matrix, LLC. I agree to notify Motion Matrix, LLC, immediately in the event that I believe an activity or event conditions are unsafe for the participant and agree to immediately discontinue my/my child's participation in the activity. I acknowledge that it is my responsibility to be aware of the potential for injury and to warn my child of the dangers or risks of injury from any activities. I acknowledge that employees of Motion Matrix, LLC may also warn the participant through safety messages, instructions and teaching, but that such warnings shall be in addition to and not a substitute for my obligation to protect myself/my child from injury.

In consideration for allowing me/my minor child to use this facility and participate in Motion Matrix activities, I hereby ASSUME AND ACCEPT ANY AND ALL RISKS associated with that participation. Further, I on my own behalf and/or the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Motion Matrix, LLC, its owners, officers and directors, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Motion Matrix, LLC. I hereby assume full responsibility for any and all damages, injuries (including catastrophic injury or death) that I or my child may sustain or incur while participating in any program or event sponsored by Motion Matrix, LLC. In addition, in the event that any claim is asserted against Motion Matrix, LLC, as a result of my participation or my child's participation in any activity, I agree to indemnify and defend Motion Matrix, LLC, from any such claim and agree to hold Motion Matrix, LLC, forever harmless.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE

I, as the participant and/or parent and legal guardian of the participant, confirm that the above named participants are in good health and proper physical condition for any activities in which the participant will participate. I further confirm that the participant is covered by health insurance, and that the participant will be continuously covered while enrolled in any activities at Motion Matrix, LLC.

I acknowledge that coaches and staff members working for Motion Matrix, LLC, are not physicians or medical practitioners of any kind, and that it does not employ any medical professionals or maintain medical provisions on-site. I hereby consent to Motion Matrix, LLC, and its staff members, providing temporary first aid to the above named participants in the event of any injury or illness, and if deemed necessary by the Motion Matrix, LLC staff, authorize them to request further medical assistance, including, as appropriate, calling of an ambulance or emergency personnel. I hereby agree to be financially responsible for any and all medical expenses, which may be incurred by named participants as a result of any injury sustained while participating at Motion Matrix, LLC.

CONSENT

I hereby give Motion Matrix, LLC absolute and irrevocable rights to use named persons and/or participants name, quotes, photographs, and videos to be used in print, digital or broadcast media as deemed appropriate by administration for the promotion of Motion Matrix, LLC, without any compensation to me. Such materials are property of Motion Matrix, LLC and will not be sold or shared for other purposes.

Sign here if you are an adult (18 yrs and older) participant

Participant PRINTED: _____
Participant SIGNED: _____
Date: _____

Sign here if your child is the participant

Parent/Legal Guardian PRINTED: _____
Parent/Legal Guardian SIGNED: _____
Date: _____