



January 2, 2009

Parent and Student Waiver:

Please read and sign the following release:

I understand the nature and scope of the program(s) listed above. I understand that there are risks and dangers associated with the program(s) listed above. I understand that it is not the function of the Atlantic Coast Athletic Clubs, LP, (ACAC), its employees, agents, operators, or instructors to guarantee the safety of participants with respect to the program(s) listed above. I also understand that each participant has the responsibility to exercise due care in the performance of the activities/program(s) listed above for the safety of himself/herself and the other participants.

I hereby release, indemnify, and hold harmless ACAC, its employees, operators, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in the program(s) listed above.

Thank you for choosing ACAC Wellness and Fitness Centers for your special events wishes.

Parent Name

Signature

Date

Child Name

Team