

PARENT		
	EMAIL	
STATE	ZIP CODE	
WORK	CELL	
forever discharge any and all rights and as Inc.; for damages or injuries sustained	prises Inc., I, intend to be legally bond, do claims against any and all officers and by me/my child in class, for travel to and Inc. I realize that any activity involving	
Signature		
r employees may take the responsibility	es in any of the J Enterprises Inc. programs; J for taking my child to the hospital or suitable t need. All efforts will be made to contact the	
Signature		
OT ber of nearby relative or friend to contact	t in case of emergency.	
RELATIONSHIP	PHONE	
	may participate without restriction in any J edical problems on the space provided below.	
	STATE WORK_ cceptance of my participation in J Enter forever discharge any and all rights and as Inc.; for damages or injuries sustained any side functions held by J Enterprises te the possibility of injury or death. Signature s injured in the course of his/her activition employees may take the responsibility orize any medical assistance he/she might signature ET per of nearby relative or friend to contactRELATIONSHIP and has been examined by a physician and	

PHOTOGRAPH CONSENT

I do hereby consent and and agree that FIT Kids has the right to take photographs of my child and use these photos on the company website, company Facebook page and promotional material without compensation.

Signature	
5.5	