



Youth Strength & Cardio Training (Summer 2021)

WHO: 6th-8th grade boys & girls

DAY: Tuesday & Thursday

TIME: 11:00 am-12:30 pm

Youth will be setup on a fitness program and will be allowed to use the weight and cardio machines on their own – upon class completion.



Session 1: June 1-15

Session 2: July 13-27

Members \$30 ~ Nonmembers \$40

Class size is limited to 8 students per session.

For more info, contact Tessa Anderson-Voyles, ACSM Certified Exercise Physiologist @ 892-2467.

Name _____ **Age** _____

Grade _____ **Phone #** _____

What session are you signing up for? (Circle)

Session 1

Session 2

What types of sports/activities do you participate in?





INDIVIDUAL LIABILITY WAIVER & RELEASE FORM

The undersigned participant/parent or guardian of the participant recognizes and acknowledges that activities within or sponsored by the Belle Fourche Rec Center involve risk of serious injury, including permanent disability or death, and economic losses which might result from participant action, inaction, negligence of others, the rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

This agreement is entered into in consideration of being permitted or permitting

Child's Name

to compete, play, observe, or participate in any way in events, games, or activities sponsored by or associated with the BF Rec Center or the City of Belle Fourche.

In my absence, I authorize the employees of the BF Rec Center and the instructor or coach of my (my child's) team/activity to call for emergency rescue services should they be necessary in the case of injury or suspected injury, or during the times that the above named individual is participating in a league, clinic, activity, game, event, or tournament being played in any way sponsored by, or associated with the BF Rec Center.

I further understand the following issues:

- (1) that I am legally responsible for action of the above named individual including and myself, including, but not limited to any damage to private or public property caused by me/him/her.
- (2) that I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses; and
- (3) that this waiver of liability shall remain effective for any and all activities that I or the above named individual participated in or is a spectator of any event in any way sponsored by or associated with the BF Rec Center.

Finally, I hereby agree to release, waive, indemnify and hold the BF Rec Center, the City of Belle Fourche, its officers, agents, consultants, and representatives, harmless from any loss, damage, or injury which may result from my (my child's) participation or spectatorship in games, events or activities sponsored by or associated with the BF Rec Center. This release and waiver of liability and indemnity applies equally to losses, damages, or injuries caused or alleged to be caused in whole or in part by the negligence of the BF Rec Center or the City. I further agree to release, waive, and discharge, and covenant not to sue the City of Belle Fourche or the BF Rec Center for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred by me or the above named individual as a result of or in the course of my or my child's participation in the activities. This release and waiver of liability and indemnity applies to me, the undersigned, as well as any of my personal representatives, assigns, heirs, and next of kin.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT FULLY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I HAVE READ THIS AGREEMENT.

Participant Name

Signature of Participant, Parent, or Guardian

Date

Participant Address

City, State

Zip Code

Participant Telephone Number

Emergency Contact Number/Name of Person