



## YOUTH WAIVER FORM

I, \_\_\_\_\_ (print), agree, by allowing my child,  
\_\_\_\_\_ (print), to participate in classes and/or activities at  
DynamX Physical Therapy.

I acknowledge that participation in exercise classes and/or activities at DynamX Physical Therapy involves risk of injury, minor or serious, including permanent disability. These types of injury may result from my own actions, the actions or inactions of others, or a combination of both.

I understand that any rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation and to the best of my knowledge, the above named child can fully participate in exercise.

I consent to participate acknowledging all the foregoing risks and I hold harmless, waive and release DynamX Physical Therapy, it's employees and sub-contractors from any direct, indirect, special consequential or exemplary damages, liabilities, demands or claims of any kind arising out of any and all injury and/or harm to you and your child incurred in or around the property where exercise occurs. I willingly assume full responsibility for the risks that I am exposing my child to and accept full responsibility for any and all injury or death that may result from his/her participation in any and all activity or class facilitated by DynamX Physical Therapy. I am aware that this is a waiver and a release of liability, and I voluntarily agree to its terms.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed name of Parent or Legal Guardian \_\_\_\_\_

Emergency Contact #1: Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Address: (Street, Apt, City, State, ZIP) \_\_\_\_\_

Emergency Contact #2: Cell: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Address: (Street, Apt, City, State, ZIP) \_\_\_\_\_