



# MEMBER & CHILD OPEN SWIM AGREEMENT

*I have read and understand all Open Swim policies. I also understand that violating any of these rules or policies, will result in loss of my open swim time.*

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*In consideration for participation in activities at Innovative Health & Fitness, I hereby agree as follows:*

*I understand that participation in Innovative Health & Fitness' activities is a risk and that risks of injury include without limitation, scrapes, bruises, cuts and even more serious injuries, such as paralysis or death. I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants) for myself and my child or ward.*

*With the full understanding of the risks stated above, I, for myself, my child or my ward hereby release, hold harmless Innovative Health & Fitness and the owners, officers, directors and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at this Innovative Health & Fitness facility I agree to reimburse any reasonable attorney's fees and costs that may be incurred by Innovative Health & Fitness Building LLC, in the defense of any such liability claim, demand, action or cause of action.*

*I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I, for myself and my child or ward, agree to follow the safety rules of Innovative Health & Fitness, and agree that the failure of myself, my child or my ward to do so may result in expulsion from Innovative Health & Fitness.*

*I approve the use of any photographs taken by Innovative Health & Fitness photographers in which the undersigned is part of to be used on the Innovative Health & Fitness website or print media. I agree and understand that this agreement is binding on myself, my child or ward, and the heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian.*

### CHILD'S NAME/DATE OF BIRTH

- 1 \_\_\_\_\_ / \_\_\_\_\_
- 2 \_\_\_\_\_ / \_\_\_\_\_
- 3 \_\_\_\_\_ / \_\_\_\_\_
- 4 \_\_\_\_\_ / \_\_\_\_\_
- 5 \_\_\_\_\_ / \_\_\_\_\_
- 6 \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
Phone

## INNOVATIVE HEALTH & FITNESS

8800 SOUTH 102ND STREET • FRANKLIN, WI 53132 • (414) 529-9900 • [www.myinnovativehealth.com](http://www.myinnovativehealth.com)