

Open Swim Time Policies



Effective July 28, 2010

I have read and understand all OPEN SWIM TIME policies.

I also understand that violating any of these rules or policies will result in loss of my OPEN SWIM TIME.

Print Name: _____ Date: _____

Sign Name: _____ Date: _____

Acknowledgement of Risk

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

I understand that participation in Innovative Health & Fitness' activities is risky, and that risks of injury include, without limitation, scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and 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 and my child or 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		Child's Name / Date of Birth	
1 _____	2 _____	3 _____	4 _____
5 _____	6 _____	7 _____	8 _____
_____	_____	_____	_____
Signature of Parent or Legal Guardian	Date	E-mail Address	
_____	_____	_____	
Printed Name of Parent or Legal Guardian	Phone		

INNOVATIVE HEALTH & FITNESS

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