EPCrossFit Kids Waiver

PARTICIPANT INFORMATION

Name:	Birthd	late:	Age:
First & Last		mm/dd/	
Medical Concerns/Allergies:			M F
PLEASE INFORM US IF YOUR CHILD'S H			PLEASE CIRCLE
PARENT/GUARDIAN INFORMATI	ON		
Name:			
Name:E	mail:		_
Emergency Contact Name:			
Emergency Contact Name: Phone #:	Emai	il:	
How did you hear about us?			
Friend facebook web	site other:		
have access to the information. EP TERMS AND CONDITIONS OF EN & Paypal transactions. A \$25 fee w Registration – Registration is conf Refunds -Refunds are not offered at the enrollment in the next Session of Cancellations - EPCFK reserves to enrollment. Advance notice will be of Make-up Classes – Make-up class Discounts - Multiple family member WAIVER AND RELEASE Although exercise program, it must be recogn sport. I, the undersigned, hereby ag Illinois, its principals, officers, instruct claims, demands, costs, damages, my child, named above, in any Crost video participants involved in EPCF material and publication; therefore ownership thereto.	ill apply to NSF checking apply to NSF checking apply to NSF checking after the start of the supon approval of EPoper right to cancel or provided and a full researe unavailable of all efforts will be managed there are inherenced to indemnify and actions, coaches, emplactions, suits or processFit activity. EPCFR	ents - We acques. If payment. If payment. Is ession. You CFK. Is change class Is fund will be payment will be payment additional adde to provide the risks invoid save harmle to the save the sed for the so	may roll over your fees to times due to insufficient provided. essions. I children e a safe and enjoyable plved in participation in any ess EPCFK, of Ottawa, pers and clubs against all ing out of participation of e right to photograph and/or le purpose of promotional
Signature:			