



600 Main Street, P.O. Box 71, Riverton, NJ 08077
856-786-FIT1 • Fax: 856-786-9527

MINOR WAIVER

In consideration of your accepting this contact, the undersigned, individual, and as the Parent and/or guardian of _____ (name of minor child), and for or the said minor, agrees to waive and release any and all rights and claims for damages that I, or the said minor, may have against Riverton Health and Fitness Center and its employees.

As a member of Riverton Health and Fitness, I intend to and will engage in strenuous physical activities and classes on the Health Club's premises. I understand that these physical activities involve certain risk and exposure to personal injury, which risk and exposure I voluntarily assume for myself and any member of my family, including children who visit the Health Club. In consideration of mutual covenants contained herein and other good and valuable consideration, including the use of the Health Club's facilities and the admission of members of my family including children, the receipt and sufficiency of which is hereby acknowledged. I hereby release in full and forever discharge the Health Club, its Directors, Officers, Shareholders, Agents and Employees, whether acting officially or otherwise, on behalf of myself and any member of my family, our Representative Heirs, Executors, Administrators and Personal Representative from any and all claims, demands, or causes of action relating to or deriving from any injury to me or to any member of my family, including children or any loss or damage to my property or the property of any member of my family, including children during or arising out of the use of the Health Club facilities or participation in the Health Club events, including all risk connected therewith, whatever foreseen or unforeseen.

_____ Date _____

Signature (Parent of guardian of participant)