

# **The Wellness Center of West Orange, DBA; Pyramid**

## **Consent/Waiver of Injury and Media Release**

Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell number: \_\_\_\_\_

## **Health Questionnaire**

Please list any medical concerns, medications that you are currently taking and your fitness goals.

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## **Trainers and Clients**

- All training fees must be paid in advance and in full before beginning a program.
- 24-hour cancellation notice is needed to cancel any training sessions.
- Training packages are not transferable and not refundable.

**FOR ADULTS:** I state and represent to The Wellness Center of West Orange, DBA; Pyramid that I am in good health and good physical condition, that I have not been warned or advised by any physician to observe any restrictions regarding my physical activity and that I know of no reason, condition, illness, or disability that would prevent, restrict, limit, or hinder my full participation in the training activities offered by The Wellness Center of West Orange, DBA; Pyramid and staff. I voluntarily and expressly assume and accept the risks associated with all The Wellness Center of West Orange, DBA; Pyramid programs, in and out of the facility, and I discharge The Wellness Center of West Orange, DBA; Pyramid employees and consultants from any and all liability for any injuries that may occur through participation in exercise activities or recommendations received regarding exercise activities or programs. In addition, I agree to allow The Wellness Center of West Orange, DBA; Pyramid to use my pictures in media advertising only to be used to promote our programs.

**FOR MINORS:** In consideration of acceptance of my child in **all** programs at The Wellness Center of West Orange, DBA; Pyramid, **in and out of the facility**, such as strength training, speed & agility programs at various locations, birthday parties at various locations, and summer camps at various locations, I hereby for myself, my child/ren, their heirs, executors, and administrators waive and release any claim we may have for damages against all programs provided by The Wellness Center of West Orange, DBA; Pyramid for any and all injuries that may be suffered by my child/ren while or as a result of participating in any program. I certify that my child/ren have been checked by a licensed medical doctor within the last year and is in good health. I also certify that The Wellness Center of West Orange, DBA; Pyramid makes no guarantees that the client participating in all programs will never get injured. I certify that I am the parent/guardian of the above mentioned client and I agree to the above conditions specified. In addition, I agree to allow The Wellness Center of West Orange, DBA; Pyramid to use my child/ren pictures in media advertising only to be used to promote our programs.

**ALL PARTICIPANTS:** The Wellness Center of West Orange, DBA; Pyramid has put in place preventative measures to reduce the spread of COVID-19; however we cannot guarantee that you or your child/ren will not become infected with COVID-19. Further, attending our facility could increase your risk and your child/ren's risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/ren and I may be exposed to or infected by COVID-19 by attending all programs at The Wellness Center of West Orange, DBA; Pyramid and that such exposure or infection may result in personal, injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Wellness Center of West Orange, DBA; Pyramid may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Wellness Center of West Orange, DBA; Pyramid employees, independent contractors, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/ren or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child/ren may experience or incur in connection with our attendance at The Wellness Center of West Orange, DBA; Pyramid or participation in all programming (“Claims”). On my behalf, and on behalf of my child/ren, I hereby release, covenant not to sue, discharge, and hold harmless The Wellness Center of West Orange, DBA; Pyramid, it’s employees, independent contractors, agents, and representatives, of expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Wellness Center of West Orange, DBA; Pyramid, it’s employees, independent contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of The Wellness Center of West Orange, DBA; Pyramid programs.

I have read the above and I voluntarily and expressly assume and accept the risk associated with all programs, in the facility and all other locations, and I discharge The Wellness Center of West Orange, DBA; Pyramid, employees, independent contractors, and volunteers for any and all liability for any injuries that may occur through my participation or my child/ren’s participation in all programs provided by The Wellness Center of West Orange, DBA; Pyramid.

In case of any emergency or any concerns, please write down these numbers:

Pyramid office: 973-325-1606

Frank cell: 973-219-2383

Name: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_