



Transportation Waiver and Release

I, the undersigned, give my consent for the person identified below to be transported by Boost FitClub/Boost Gymnastics and I will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold Boost FitClub/Boost Gymnastics, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize Boost FitClub/Boost Gymnastics to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for my minor child to travel with Boost FitClub/Boost Gymnastics.

Transportation Permission:

I do hereby give permission for person identified below to ride in the Boost FitClub/Boost Gymnastics van driven by an approved and licensed Boost employee from _____ to _____.

Transportation Safety

All children transported by Boost FitClub/Boost Gymnastics must adhere to safety rules. Children must remain seated, wear a seatbelt and follow the staff's directions at all times. Because of our safety requirements, any violation of this transportation policy may result in restriction of your child riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents immediately of any discipline problems that occur in our vehicles.

THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT AND CONSENT. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT VOLUNTARILY.

PRINT NAME OF LEGAL PARENT OR GUARDIAN OF MINOR _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ PHONE NUMBER _____

LEGAL PARENT OR GUARDIAN SIGNATURE _____ **TODAY'S DATE** _____

PRINT NAME OF MINOR PARTICIPANT _____ DATE OF BIRTH _____

(IF SAME AS ABOVE PLEASE WRITE SAME)

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ PHONE NUMBER _____

EMERGENCY CONTACT NAME _____

PHONE NUMBER _____ **RELATION TO MINOR** _____