



DeRoche LLC, DBA:

Youth Movement

Student's Name(s)

Ages

Parents Name

Cell Phone

Email

Class Name

Location

Payment Options: (Circle One)

Charter School

Venmo

PayPal

Website

Other

Details

Participant acknowledges assumption of risk and full release from liability of Local Fitness Solution, DeRoche LLC and Youth Movement. Participant acknowledges that personal training/ fitness classes and all other instructional classes hereunder includes participation in strenuous physical activities, including not limited to aerobic fitness, body weight training, weight training, stability and suspension training. Participant acknowledges these physical activities involve inherent risk of physical injuries or other damages, including but not limited to heart attacks, muscle strains, pull or tears, broken bones, shin splints, heart prostration, knee, lower back, foot and other injuries. Soreness, or injury however caused, could occur during or after member's participation in the physical activities. By signing this agreement, member asserts that he or she is capable of participating in strenuous physical activity and releases the liability of Local Fitness Solution, DeRoche LLC and Youth Movement from any and all damages and/or sustained injuries from this fitness program.

Client Signature

Date

Member acknowledges that monthly prices are to be paid in full regardless of the amount of times the student attends class. Pro-rates are offered if paid ahead of time. Class material and facility fees are derived off of the assumed class size and location.

Client Signature

Date

COVID Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that DeRoche LLC and Youth Movement has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that DeRoche LLC and Youth Movement can not guarantee that my family and I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, fitness staff, and other fitness clients and their families.

I voluntarily seek services provided by DeRoche LLC and Youth Movement and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold DeRoche LLC and Youth Movement harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the fitness professionals, or that may otherwise arise in any way in connection with any services received from DeRoche LLC and Youth Movement. I understand that this release discharges DeRoche LLC and Youth Movement from any liability or claim that I, my heirs, or any personal representatives may have against the company with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from DeRoche LLC and Youth Movement. This liability waiver and release extends to the salon together with all owners, partners, and employees.

Parent _____ Date _____

Student(s) _____ Date _____