



WWW.RSGFITNESS.COM
DIJONNE'S KARATE
KIDS FITNESS



From 495 North-
 Take exit 46
 Take a left at the lights
 Go through 3 sets of lights
 After 3rd set of lights, take first left
 into the Heavenly Doughnuts and
 Choice Fitness Plaza
 Drive to the back of the building
 Our entrance is in the rear

From 495 South-
 Take exit 46
 Take a left at the lights
 Take first left into Heavenly
 Doughnuts
 & Choice Fitness Plaza
 Drive to the back of the building
 Our entrance is in the rear

FOR

DATE

TIME

LOCATION

Ready, Set, Go! Kids Fitness
 126 Merrimack Street, Suite 3
 Methuen MA, 01844

ENTRANCE IS IN BACK OF BUILDING
MUST BRING COMPLETED WAIVER FORM

RSVP

Ready, Set, Go! Birthday Participant Waiver Form

Health Warranty. I warrant and represent that I have no disability, impairment or ailment that prevents me from engaging in active or passive exercise. This representation is made by me knowing that Ready, Set, Go! (Fitness Center) will rely upon it in allowing me to participate in the Fitness Center's activities. Waiver of Claims. I expressly agree that my use of and/or attendance at the Fitness Center are undertaken at my sole risk and that the Fitness Center's owners, managers, employees and agents (Management) shall not be liable for any damages or injuries to me or my property or be subject to any claim, demand or cause of action. Release of Fitness Center. I, on behalf of myself, my executors, administrators, heirs, assigns and successors, do hereby fully and forever release and discharge the Fitness Center and it's Management from all such claims, demands, injuries, actions or causes of action. Consent. I consent to pictures being taken of me by the Fitness Center and understand that such pictures will become the property of the Fitness Center. Minors. Where the participant listed is a minor (under 18 years old), I, as the minor's parent or legal guardian, expressly make the Health Warranty, and agree to the Waiver of Claims, Release of the Fitness Center and Consent provisions contained above. I authorize the Fitness Center and its Management to obtain medical treatment for my dependent minor.

MUST COMPLETE ENTIRELY TO PARTICIPATE

Please print clearly

Child's First Name: _____ Last Name: _____ DOB: _____

Child's First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Phone #: _____ Email: _____

Parent's Name (Print): _____

Parent's Signature: _____