

Life Time Kids Academy Participation Agreement



MINOR PARTICIPANT INFORMATION

This form must be completed by a parent or legal guardian of each child (individually and collectively, "Minor Participant") being enrolled in the Life Time Kids Academy ("Program").

Full Name of Minor Participant 1 (First, M.I., Last)	Nickname	/ /	Grade	Gender
Full Name of Minor Participant 2 (First, M.I., Last)	Nickname	/ /	Grade	Gender
Full Name of Minor Participant 3 (First, M.I., Last)	Nickname	/ /	Grade	Gender
of Parent of Legal Guardian No. 1	() - ()	() - ()	Name	
Address, City, State, Zip Code	() - ()	() - ()	Place of Employment	
of Parent of Legal Guardian No. 2	() - ()	() - ()	Name	
Address, City, State, Zip Code (if different from Participant's Address)	() - ()	() - ()	Place of Employment	
of Parent of Legal Guardian No. 3	() - ()	() - ()	Name	
Address, City, State, Zip Code (if different from Participant's Address)	Place of Employment			
Membership No. of Parent or Legal Guardian listed above (if applicable)	Club Location			

ADMISSION OF MINOR PARTICIPANT

Life Time Fitness, Inc., its affiliates, subsidiaries, officers, directors, employees, independent contractors, representatives, volunteers, and successors or assigns, all of whom shall be collectively referred to and embraced herein as "Life Time," will allow only a parent, legal guardian or authorized adult, 18 years of age or older, to admit Minor Participant into the care of Life Time by signing Minor Participant into the care of Life Time. I will not leave the Minor Participant at the Program unless a Life Time staff member is there to receive and supervise Minor Participant. Life Time will not at any time accept a sick child for care. In the event my child gets sick and needs to leave Life Time, I agree to pick up my child immediately.

EMERGENCY CONTACTS AND WITHDRAWAL OF MINOR PARTICIPANT

I understand that the Minor Participant may only be signed out of the care of Life Time to Minor Participant's parent or legal guardian, to a person that has been identified as an emergency contact or other authorized pickup below, 18 years of age or older, or to a person, 18 years of age or older, previously authorized in writing to pick by the Minor Participant's parent or legal guardian. All such individuals are responsible for compliance with Life Time's policies and procedures. **Government- issued picture identification will be required every time the Minor Participant is to be released from Life Time.** Any person authorized to pick up the Minor Participant must be listed below or have obtained prior written permission from the undersigned:

In the event of an emergency, the parent(s) listed above will be notified first. Please list additional emergency contacts below in case the parent(s) are unable to be notified. All emergency contacts below are authorized to pickup Minor Participant for non-emergency purposes:

of Emergency Contact	Address	() - ()	() - ()	Name
of Emergency Contact	Address	() - ()	() - ()	Name

A Life Time Department Manager or General Manager may withdraw Minor Participant from participating in the Programs as a final disciplinary option, or because of a Minor Participant's illness or injury. After removing Minor Participant for such a reason, Life Time will supervise Minor Participant until an authorized adult is able to sign such child out of Life Time's care.

SPECIAL NEEDS

Please list below any special needs, allergies, food sensitivities, medical conditions, disabilities, specific actions that should be taken in the event of an emergency, or other information Life Time may need to make the Minor Participant's experience a positive one. [If none, please state NONE]:
 Minor Participant 1

Minor Participant 2

Minor Participant 3

SPECIAL ACTIVITIES

The undersigned hereby gives permission for the Minor Participant to participate in a Program involving activities such as, but not limited to rock climbing, music, pre-gymnastics, Spanish emersion, school skills, karate, dance, gym games, sport specific games, arts and crafts, self select stations, and viewing pre-identified age appropriate videos. If I foresee any issues with the Minor Participant participating in any of the Life Time Academy activities it is my responsibility to notify the Kids Department Head. At the time of registration I have concerns with the following activities noted below [If none, please state NONE]:

Minor Participant 1

Minor Participant 2

Minor Participant 3

MEDICAL ATTENTION

I agree that I will inform Life Time within 24 hours or the next business day after the Minor Participant or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

I agree that in the event the Minor Participant is involved in an accident that requires medical attention, the undersigned will be responsible for making all decisions related to all medical and survival procedures for the Minor Participant, including but not limited to the decisions about medical care, the administration of drugs and the performance of any and all life sustaining procedures. The undersigned further agrees to make any and all arrangements for the Minor Participant's transportation and admittance to any hospital, health center or medical clinic in the event of any emergency situation involving the Minor Participant. In the event that parent(s) or emergency contacts are unavailable and it should become necessary, I authorize Life Time to make decisions regarding any and all medical and survival procedures for the Minor Participant. The undersigned agrees that Life Time, its staff members, volunteers and chaperones will not be held liable for any accident or losses, however caused.

MINOR PARTICIPANT'S PHYSICIAN

Name of Physician and Hospital/Clinic

(_____)_____-_____
Telephone

IMMUNIZATIONS

- I certify that the Minor Participant has received all necessary immunizations from a medical professional and the immunizations are current.
- The Minor Participant has NOT received all necessary immunizations due to the immunization being detrimental to the Minor Participant's health, or due to personal or religious beliefs.

ADMINISTRATION OF MEDICATION

Please check one of the following:

- I DO NOT wish Life Time to supervise and witness any medication, either prescription or over-the-counter, to the Minor Participant during the Program.
- I DO wish a designated Life Time staff member to supervise and witness medication, either prescription or over-the-counter, to the Minor Participant during the Program. I understand that Life Time requires the following items and **that no medications will be administered by Life Time until the following have been properly provided:**

Prescription Medications

Physician's Letter. The undersigned must have a physician provide a signed letter to Life Time Fitness addressing the following for any type of medication to be administered: (i) name of medication, (ii) purpose for medication, (iii) dosage and frequency, (iii) duration of medication, (iv) method of administration, and (v) any additional instructions, adverse reactions, precautions or other relevant information. This letter must include the name and birth date of the Participant as well as the name, telephone and fax number of the physician. I understand that the medication will be administered according to the direction of this physician and that any changes in medication require an updated letter from a physician before the medication will be administered by Life Time Fitness; and *Medication Container.* Any prescription medication to be administered during the Program must be provided in a container with a pharmacy label clearly stating the Participant's name, medication dosage and frequency, the date of the prescription and the recommending physician's name. Any over-the-counter medications to be administered during the Program must be provided in its original container and have the Participant's name, frequency and dosage clearly marked on the container. Any medication must be delivered only to a Program director by a parent or legal guardian of the Participant. I understand that any changes in any medication require a new container that meets the requirements listed in this section.

POLICIES, RULES AND REGULATIONS

I understand and will comply with all rules and regulations in the Life Time Kids Academy program, which are subject to change at any time in Life Time's discretion. I hereby agree that I, as well as the Minor Participant, will comply with all policies, rules and regulations established for the Program. Life Time accepts registration on a space-available basis so early registration. Life Time reserves the right to cancel Programs with low enrollment. Make-up sessions are not given for any missed sessions. Life Time reserves the right to remove the Minor Participant from the Program and not allow the Minor Participant to register for any additional Kid's Activities Programs. Life Time may remove any child for conduct that is deemed detrimental to the Program or Life Time, including, but not limited to showing respect for others, treating equipment properly and obeying Life Time staff members.

If Life Time has reason to suspect that a child is abused or neglected, Life Time is required to report the matter immediately to the local department of the county or city where the child resides or where the abuse or neglect is believed to have occurred or the department's toll-free child abuse and neglect hotline.

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, and INDEMNIFICATION

In consideration of the participation in the Life Time Kids Academy, which includes Use of Life Time Premises by my Minor Participant, I hereby agree to all of the terms and conditions in this Kid's Camp Registration, including specifically the **ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, and INDEMNIFICATION** provisions.

1. ASSUMPTION OF RISK. I understand that there are inherent **risks of injury in the use of Life Time's premises while participating in Life Time's Kids Academy**, including but not limited to its indoor and outdoor pools, waterslides, locker rooms, climbing cavern, racquet courts, group fitness and yoga studios, fitness floor, gymnasium, child center, café, lobby, entryways, sidewalks, and parking lots ("Use of Life Time Premises").

I understand that such Risks include but are not limited to **slip and falls, trips, collisions, overexertion, loss or theft of property (including from lockers), equipment failure or malfunction, drowning, or other accidents or incidents that may result in harm, loss, disability, death or other injury or damage** to my Minor Participant. I understand that such injuries may include, but are not limited to, minor or major personal, physical, bodily, emotional, mental, economic, property or other types of injuries or damages, including but not limited to scrapes, bruises, sprains, torn or damaged muscles or ligaments, broken bones, burns, respiratory or auditory problems, concussion, strokes, heart attacks or stress, lost wages, lost earning capacity, lost or stolen property, pain and suffering, disfigurement, paralysis, brain damage, or death ("**Injury**" or "**Injuries**").

I understand that **such Injuries may be caused, in whole or in part, by the negligence of Life Time (which includes its subsidiaries and employees)**, me, my Minor Participant, other participants in the Life Time Kids Academy, and/or other members or guests.

I fully understand and appreciate, knowingly and voluntarily accept, specifically assume responsibility for, and freely choose to allow my Minor Participant to participate in the Life Time Kids Academy which include the Use of Life Time Premises or Participation in Off-Premises Activities in spite of, the Risks of Injury set forth above.

2. WAIVER AND RELEASE OF LIABILITY. On behalf of myself and my spouse/partner, children/Minor Participants, parents, guardians, heirs, next of kin, personal representatives, assigns and estate, I hereby voluntarily and forever **release and discharge Life Time** from, **covenant and agree not to sue Life Time** for, and **waive** any and all present and future claims, demands, actions, causes of action, damages, losses or any other alleged liabilities or obligations, whether known or unknown ("Claims"), **for any Injuries** (which includes personal injuries and property damage) to me or my Minor Participant sustained in the Use of Life Time Premises or Participation in Off-Premises Activities **which arise out of, result from or are caused by, the negligence of Life Time ("Waived Claims")**.

3. INDEMNIFICATION AND LEGAL DEFENSE. I agree to **defend, indemnify, protect and hold and save harmless Life Time against any and all Waived Claims**, including but not limited to those arising out of, resulting from or caused even in part by Life Time's negligence, as well as any other Claims arising out of, resulting from, or caused by the Use of Life Time Premises, **by me or my Minor Participant**.

RELEASE OF IMAGE AND LIKENESS

The undersigned hereby irrevocably consents to and grants Life Time the exclusive and unlimited right to use and reproduce any and all photographs, slides, moving pictures, audio and visual recordings or testimonial accounts taken by Life Time that contain my Minor Participant's name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available including but not limited to any of Life Time's records, corporate public relations or marketing communication material, videos or online material, social media campaigns, either with or without the Participant's name or photo accompanying such quotation. I waive the right to inspect, approve or edit any such use or reproduction, and Life Time may make any and all changes, modifications, rearrangements, additions or deletions in its use reproductions without any approval.

I hereby certify that I have read and understand this entire Agreement and agree to and accept the terms and conditions of this entire application. Minor Participant will receive the privilege of participating in the Life Time Kids Academy, and I agree that he or she will abide by all rules and regulations of Life Time, which are subject to change and which, in the opinion of Life Time management, are deemed necessary and reasonable for the best interest of members, participants in its Programs and Life Time.

Signature of Parent or Legal Guardian of the Minor Participant/s

Date