

MOVE IT MONDAYS

TRANSPORTATION & LIABILITY RELEASE FORM



A Safe Place to BE and a Path to BECOME!

PO Box 283, East Jordan, MI 49727 | (231) 222-2224 | DepotJVTeenCenter@gmail.com | ejdepot.com

The Depot Jordan Valley Teen Center is excited to partner with TBC Wellness Center, LLC to provide a series of **MOVE IT MONDAYS** fitness classes to the Teens that we serve! Although there is no cost to the Teens, the Transportation & Liability release form below **MUST** be submitted prior to their participation in the classes.

If you have any questions prior to or during the classes, please call or text Scott Gillespie, Depot Outreach Director, at (989) 444-1695.

TRANSPORTATION RELEASE | THE DEPOT

The **MOVE IT MONDAYS** fitness classes will begin promptly at **3:30** at the TBC Wellness Center facility located at 121 S. Lake St. in East Jordan. If your teen needs transportation there, The Depot will provide shuttle service with a 15-passenger van. **We will leave The Depot (214 Main St., East Jordan) at 3:15 sharp** so your Teen must go directly to The Depot as soon as they are released from school.

If your Teen does not arrive at The Depot in time to catch a ride with us, our facility will not be open. As such, we will not be responsible for them nor their need to receive a ride home.

Finally, the classes will end at 4:30. If your Teen cannot walk home after the class finishes, **YOU MUST PICK THEM UP AT TBC WELLNESS PROMPTLY @ 4:30**. Shuttle service will not be available back to The Depot nor will we be open for them until a ride home arrives.

We do understand that emergencies happen. If your arrival to TBC Wellness Center to pick up your Teen is delayed, please call Scott Gillespie at (989) 444-1695 with your delayed arrival time and he will wait at TBC Wellness Center until you arrive. **HOWEVER**, repeated delays in your arrival may result in your Teen not being able to participate in future classes.

I give my Teen, _____, permission to attend the **MOVE IT MONDAYS** fitness classes and, if needed, transportation to the classes as described above. Additionally, in case of emergency either during transportation or during the classes, I also give permission for my teen to receive emergency medical treatment.

Parent's / Guardian's Name (printed)

Phone Number

Parent's / Guardian's Signature

Date

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LIABILITY RELEASE | TBC WELLNESS CENTER, LLC

For your Teen to participate in the **MOVE IT MONDAYS** fitness classes at TBC Wellness Center, you **must complete all requested information** in the registration form below. Your Teen will not be allowed to participate if any fields remain blank.

TEEN's Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female

PARENT/GUARDIAN: _____ Phone: _____

Address: _____ City/State/Zip: _____

E-mail Address: _____

Physician's Name & Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

As their Parent/Guardian, you and they must also agree to the following TBC Wellness Center's Terms & Conditions.

RELEASE AND WAIVER OF LIABILITY

The Teen Participant recognizes that there are hazards and risks connected with physical fitness training. As the Parent/Guardian executing this agreement, the Parent/Guardian and the Teen Participant as the attendee both understand these risks and the Parent/Guardian assumes all liabilities associated with the Teen Participant. These risks include but are not limited to, abnormal blood pressure, fainting, heart disorders and heart attack, dehydration, heat exhaustion, sprains, muscle strain, blisters, stress fracture, shin splints, tendonitis, cartilage tears, bursitis, back pain, and bruising of joints.

Exercise beyond one's physical limits and/or accidents involving exercise equipment may result in serious injury or even death. Parent/Guardian agrees to defend, indemnify and hold harmless TBC WELLNESS CENTER LLC. against any loss, damage or expense incurred by reason of any claim or liability based upon personal injury (including death) or property damage arising out of the negligent or intentional action of the Teen Participant.

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Parent/Guardian further agrees to release TBC WELLNESS CENTER LLC. and its owners, officer, agents, employees and/or affiliates from any and all liability arising out of injury to the Teen Participant, and further agrees to defend, indemnify and hold TBC WELLNESS CENTER LLC., its owners, officers, employees and/or affiliates free and harmless from against the same.

Parent/Guardian do hereby waive, release and forever discharge TBC Wellness Center LLC. and its officers, agents and representatives and all others from any and all responsibilities or liability for injuries or damages resulting from the Teen Participant's participation in any activities or my use of equipment or machinery.

Parent/Guardian do hereby waive, release and forever discharge TBC Wellness Center LLC and it's officers, agents and representatives and all others from any and all responsibilities or liabilities for injuries or damages to the Teen Participant under my responsibilities.

Parent/Guardian do hereby further declare the Teen Participant to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent the Teen Participant to participate in any of the activities and programs of TBC Wellness Center LLC. or use of equipment or machinery except as hereinafter stated.

Parent/Guardian do hereby acknowledge that I have been informed of the need for a physician's approval for the Teen Participant's participation in an exercise/fitness activity or in the use of exercise equipment and machinery.

Parent/Guardian also acknowledges that it has been recommended that the Teen Participant have a yearly or more frequent physical examination and consultation with their physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use.

Parent/Guardian acknowledges that the Teen Participant have either had a physical examination and have been given a physician's permission to participate, or that I have decided for my Teen Participant to participate in activity and/or use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my Teen Participant to participate and activities, and utilization of equipment and machinery in their activities.

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THE TBC WELLNESS CENTER LLC. VIDEO SURVEILLANCE & IMAGE CONSENT TERMS

Parent/Guardian hereby grant TBC WELLNESS CENTER LLC. permission to use my Teen Participant's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

Parent/Guardian and Teen Participant understand and agree that all photos will become the property of the TBC WELLNESS CENTER LLC. and will not be returned. Parent/Guardian hereby irrevocably authorize the TBC WELLNESS CENTER LLC. to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

In addition, I waive any right to inspect or approve the finished product wherein my Teen Participant's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of photographs, video graphs, or audio graphs.

Parent/Guardian hereby hold harmless, release, and forever discharge TBC WELLNESS CENTER LLC. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. TBC WELLNESS CENTER LLC. is under 24/7 video surveillance and is monitored remotely at any time of day from the owners, representatives, and security officers.

AS PARENT/GUARDIAN, I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE, AND TERMS OF THIS AGREEMENT. AS THE TEEN PARTICIPANT, I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW, I ACCEPT:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

TBC WELLNESS CENTER LLC. Signature

Date

TBC WELLNESS CENTER LLC. Print Name

Date