



8981 La Linia, Suite A 1131 Creston Rd, Unit 98
 Atascadero, CA 93422 Paso Robles, CA 93446
 805-466-1483 805-369-2025

Office Use Only

Enroll Date: _____

Class Chosen: _____

Notes: _____

Liability Waiver & Enrollment Form

Child's Name _____ Age _____ Birthday _____ M or F
 Child's Name _____ Age _____ Birthday _____ M or F
 Child's Name _____ Age _____ Birthday _____ M or F
 Child's Name _____ Age _____ Birthday _____ M or F

Primary Guardian _____ Relationship _____ Employer _____

Home Phone _____ Work _____ Cell _____ Drivers Lic. # _____

Address: _____ City _____ State _____ Zip _____

Secondary Guardian _____ Relationship _____ Employer _____

Home Phone _____ Work _____ Cell _____ Drivers Lic. # _____

Interested in our Auto Pay Program? This guarantees continued enrollment in our program. Initial if yes (_____) I authorize Thrive Training Center, Inc. to debit my bank account on the 26th of every month for any charges incurred on my account. I understand that I am in complete control of my payment, and can make changes or drops from the program by calling no later than the 25th of the month to avoid future charges to my account.
 Please put the name of the person responsible for the bill or auto-pay below and give auto-pay info to the front desk.

E-mail Address _____ (For Gym Use Only)

Billing Name/Address (if different than above) _____
 City _____ State _____ Zip _____

Emergency Contact (If parent not available): _____ Relationship _____ Phone _____

Referred By: _____ (Used to credit a referring member if applicable)

All our programs follow the same training process and progressions and have detailed lesson plans to aid in safety. Please read Assumption of Risk and Release of Liability.

For Urban Acro Programs: I understand that Thrive is not offering a Parkour or Free Running class and they do not condone taking skills learned in their safe and structured environment outside of their facility

I have read and understand all the information on this form:

Parent/Guardian Signature _____ Date _____

In consideration of being permitted to use the facilities and/or participate in the programs and services, or be transported for medical treatment with Thrive Training Center, Inc., a California corporation, for any purpose, including but not limited to use of the facilities or equipment, participation in programs and activities, observation, and receiving instruction, training or supervision (the "Activities"), the undersigned, for himself/herself, and on behalf of his/her minor children and any personal representatives, heirs, next of kin, successors and assigns, hereby agrees to the following:



Assumption of Risk. THE UNDERSIGNED, ON HIS/HER BEHALF AND ON BEHALF OF HIS/HER MINOR CHILDREN, ACKNOWLEDGES THAT PARTICIPATION IN THE ACTIVITIES INVOLVES RISK OF SEVERE AND PERMANENT PHYSICAL INJURY, INCLUDING BUT NOT LIMITED TO BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL CORD INJURY, PARALYSIS AND DEATH. THESE INJURIES CAN OCCUR IN A VARIETY OF WAYS, INCLUDING BUT NOT LIMITED TO LANDINGS AND FALLS OR WHILE MERELY OBSERVING OR BEING IN THE PROXIMITY OF OTHER PARTICIPANTS, AS OTHER PARTICIPANTS MAY COLLIDE WITH, LAND OR FALL UPON OTHERS. THE UNDERSIGNED, ON HIS/HER BEHALF AND ON BEHALF OF HIS/HER MINOR CHILDREN, ACKNOWLEDGES THAT THEY ARE VOLUNTARILY ENGAGING IN THE ACTIVITIES WITH KNOWLEDGE OF THE RISKS OF INJURY, DEATH AND PROPERTY DAMAGE AND THAT THEY ASSUME ANY AND ALL RISK OF INJURY, DEATH OR PROPERTY DAMAGE THAT MAY RESULT FROM PARTICIPATION IN THE ACTIVITIES.

Release of Liability. THE UNDERSIGNED, ON HIS/HER BEHALF AND ON BEHALF OF HIS/HER MINOR CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THRIVE TRAINING CENTER, ITS DIRECTORS, OFFICERS, EMPLOYEES, COACHES, VOLUNTEERS, REPRESENTATIVES, AGENTS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "RELEASEES") FROM ALL LIABILITY TO THE UNDERSIGNED AND HIS/HER MINOR CHILDREN AND EACH OF THEIR PERSONAL REPRESENTATIVES, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS FOR ANY AND ALL CLAIMS, DAMAGES OR DEMANDS FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE ARISING FROM OR RELATING TO THE USE THE FACILITIES AND/OR PARTICIPATION IN THE PROGRAMS AND SERVICES OF THRIVE TRAINING CENTER, INC. BY THE UNDERSIGNED AND/OR HIS/HER MINOR CHILDREN, REGARDLESS OF WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES.

Indemnification. The undersigned, on his/her behalf and on behalf of his/her minor children, agrees to indemnify, defend and hold harmless the Releasees from any and all losses, liabilities, damages, claims, actions, or proceedings of any kind arising from or relating to the use the facilities and/or participation in the programs and services of Thrive Training Center, Inc. by the undersigned and/or his/her minor children, regardless of whether caused by the negligence of Releasees.

Severability. Should any term, provision or conditions of this Agreement or any portion of any of the foregoing be declared unenforceable by a court having jurisdiction over the parties, the remainder of such and all other terms, provisions and conditions of this Agreement shall remain in full force and effect.

Entire Agreement. This Agreement contains all of the agreements, understandings, promises, terms, provisions and conditions, with regard to the subject matter of this Agreement and any prior or contemporaneous agreements, understandings, promises, terms, provisions and conditions not contained in this Agreement are hereby mutually rescinded and declared null and void. This Agreement may be modified or altered only in a writing signed by the party against whom such modification or alteration is to be enforced.

Medical History

IT IS MANDATORY THAT YOU REPORT ANY MAJOR NECK, BACK OR OTHER INJURIES THAT PARTICIPANT(S) MAY HAVE HAD IN THEIR LIFE.

List Current Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone: _____

Date of Last Physical Exam(s) _____

Dates and Types of Recent Injuries Requiring Medical Attention for all children

Does the Child(ren) have any Limitations/Disabilities?

Photo Release

I hereby grant permission to Thrive Training Center Inc., to use images on its website or in other official printed publications without further consideration, and I acknowledge their right to crop or treat the photograph at their discretion. I understand that once the image is posted on the website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold them harmless from any claims. We reserve the right to discontinue use of photos without notice.

Please Sign if you authorize this photo release: _____