

2024 QAR CONTRACT FORM



 **4999 Kahala Avenue Apt. 402**
Honolulu, HI 96816
 **(808) 389-7633**
 **randy@fitrm.com**
 **www.fitrm.com**

General Information:

START Date: _____

END Date: _____

Participants Name: _____ **Age:** _____ **Birth Date:** _____

Cell #: _____ **Email:** _____

School: _____ **Sport(s):** _____

Legal Parent/Guardian: _____ **Relationship to Athlete:** _____

Address: _____

City, Zip Code: _____ **Cell#** _____

Work #: _____ **Email:** _____

Emergency Contact Information:

Name: _____ **Relationship:** _____

Cell #: _____

Insurance Policy #: _____ **Hospital:** _____

Family Doctor: _____ **Phone #:** _____

Additional Information/ Special Circumstances: (Medical Conditions, Participants Living Arrangements, etc.)

WAIVER AND RELEASE OF LIABILITY AGREEMENT

PLEASE NOTE: By signing in below you agree to the following terms and condition:

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The undersigned represents that I am at least 18 years old and am the legal parent or guardian of the minor whose name appears below (the “Participant”); and that I have the authority and legal capacity to sign this Agreement on behalf of said minor. I understand that although not likely, it is possible that Participant could be injured while participating in FitRM Academy Activities, and as a condition to his/her participating in FitRM Academy Activities, I hereby assume full responsibility for all risks arising out of, related to or connected with his/her participation in any and all FitRM Activities, including but not limited to risk of bodily injury, property damage, and death. On behalf of myself and the Participant I hereby release FitRM Academy and their respective officers, directors, employees, independent contractors, agents successors, assigns and all persons acting by, through or in concert with any of them (collectively, the “Released Person”) from any and all actions, complaints, claims, liabilities, damages, and expenses (including attorneys’ fees and costs), whether known or unknown, including liability for bodily injury, property damage, or death, whether or not caused by the negligence of the Released will not commence or maintain, or induce other to bring or maintain any legal or administrative proceeding whatsoever or omission of any of the Released Persons relating to the FitRM Academy Activities, and will indemnify, defend and hold all Released Persons harmless for any injuries or harm to me caused by or arising out of Participant’s participation in any FitRM Activities. This Agreement is binding on me and Participant, and our respective heirs, representatives, executors, successors and assigns. If any foregoing provision, or the application thereof to any person or circumstance, shall be invalid or unenforceable the remaining provisions, and the application of such provisions to persons or circumstances other than those as to which such application is invalid or unenforceable, shall not be affected thereby.

ACKNOWLEDGED AND AGREED:

NAME OF PARTICIPANT: _____

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____ **DATE:** _____

MARKETING/PROMOTION RELEASE AUTHORIZATION:

I (Parent/Guardian) _____ consent and authorize FitRM Academy LLC. to market, promote and air programming of which contain my child’s photographs but not limited to website, video and audio. I am aware that the purpose of this material is to promote FitRM Academy.