



FIT Experience Registration Form

Parent's Name(s): _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Other Attendee Name(s): _____ Relationship: _____

Emergency Contact

Name: _____ Phone: _____

Please Read this form carefully and Sign Below:

In signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability, and be waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with a FIT Family Event/Experience.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against **FIT2order**, **HCPSS** and each school's **PTA** including its vendors, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE SIGN.

(Participant's Name and Signature)

(Date)

FIT2order, LLC | 606 Bosley Avenue, Suite 2C | Towson, MD 21204

www.FIT2order.com

**Please see the attached flyer for more information on the FRES Fit Family Event.
You can email the this form to Ms. Goodwin at janice_goodwin@hcpss.org .**