



**2020 MEMBERS & NON MEMBER RATES  
FEBRUARY NH SCHOOL VACATION**

Full or half day packed with ninja obstacle training and fitness. 4-12 years old are welcome. Children will develop their skills and strength with games, obstacles, challenges inspired by the American Ninja Warrior TV show.

Their day is packed with fun, fast, fitness including swimming, outdoor soccer, basketball & volleyball, indoor spin class, intro to mixed martial arts and all things fitness.

Send them with a lunch, water, bathing suit, towel, indoor sneakers and some snacks and we'll provide the fun & training!

Children are separated into age groups.

\*Full Day 8:30-4:30pm /NO AFTERCARE ON FRIDAY'S \*Additional 10% is offered for siblings.

**AFTERCARE IS SEPARATE AND COST IS \$6.00 PAID AT THE WORKOUT CLUB FRONT DESK**

**NINJA FIT KIDS HALF DAY 8:30-12:30pm or 12:30-4:30pm**

	<u>5 Half</u>	<u>4 Half</u>	<u>3 Half</u>	<u>2 Half</u>	<u>1 Half</u>
WC Member Rate	\$157	\$126	\$105	\$70	\$37
Non-Member Rates:	\$202	\$162	\$135	\$90	\$45

**NINJA FIT KIDS FULL DAY 8:30-4:30pm**

	<u>5 Full Days</u>	<u>4 Full Days</u>	<u>3 Full Days</u>	<u>2 Full Days</u>	<u>1 Full</u>
WC Member Rate:	\$225	\$190	\$150	\$100	\$50
Non-Member Rates:	\$270	\$216	\$180	\$120	\$60

Advanced registration is strongly recommended. Please register your child(ren) with a \$50 per week per child deposit to secure your spot. (NON-REFUNDABLE)

**12 OPEN SPOTS DAILY FOR EACH AGE GROUP**

**Deposits are non-refundable**

Please email Ann Marie Caprio: [annmarie.caprio@theworkoutclub.com](mailto:annmarie.caprio@theworkoutclub.com) for more information and or registering your child or call Ninja Fit Club @ 603-437-8888 to register by phone.

**A \$50 deposit is required for each week attending. Payments can be made over the phone**

**\*ALL BALANCES MUST BE PAID IN FULL 1 FULL WEEK PRIOR TO CAMP SEASON START DATE\***



**2020 NINJA FIT KIDS  
CAMP REGISTRATION**

February NH School Vac. 2/24-2/28	1/2	<u>MONDAY 2/24</u>	<u>TUESDAY 2/25</u>	<u>WEDNESDAY 2/26</u>	<u>THURSDAY 2/27</u>	<u>FRIDAY 2/28</u>
	FULL					

Member \_\_\_\_\_ Non-Member \_\_\_\_\_

.....  
\*BALANCE MUST BE PAID IN FULL 2 WEEKS PRIOR TO CAMP START DATE\*  
NON REFUNDABLE

Child(rens) Name: \_\_\_\_\_ Age \_\_\_\_\_  
 2<sup>nd</sup> Childs name \_\_\_\_\_ Age \_\_\_\_\_  
 3<sup>rd</sup> Childs Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent/Guardians: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Authorized to Pickup: \_\_\_\_\_  
 \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_ 1<sup>ST</sup> DEPOSIT \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
 PAID IN FULL \$ \_\_\_\_\_ 2<sup>ND</sup> DEPOSIT \$ \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

Circle One: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ BY PHONE: \_\_\_\_\_  
 Circle: MC Amex Visa Discover # \_\_\_\_\_ Exp Date \_\_\_\_\_



**Waiver and Release of Liability – READ BEFORE SIGNING-**

IN CONSIDERATION of being provided the opportunity to participate in the Ninja Warrior Fitness LLC obstacle course, (the “Activity”) I, \_\_\_\_\_ KNOWINGLY AND VOLUNTARILY EXECUTE THIS WAIVER AND RELEASE OF LIABILITY and, on behalf of myself my personal representatives, heirs and next of kin, intending to be legally bound, acknowledge, agree and represent as follows:

1. I request to participate in the obstacle court which may include, but not be limited to, participation in running, climbing, jumping, lifting heavy objects, and other activities of which the obstacle course consists.
2. I recognize and agree that there are inherent risks in participating in the Activity, including but not limited to risk of tripping, falling, having objects dropped on me, dropping objects on myself, and other similar risks associated with physical activity and exercise. I also understand that I may incur exercise induced injuries which may include strains, sprains, muscular and soft tissue injuries, and fractures.
3. I acknowledge that the Ninja Warrior Fitness Center strongly recommends that I not participate in the Activity unless I have medical insurance sufficient to cover both minor and serious bodily injuries and that I have disability insurance if I am employed or have other significant responsibilities.
4. Assumption of Risk. I knowingly and freely assume all risks, both known and unknown, associated with participation in the Activity, EVEN IF ARISING FROM THE NEGLIGENCE of the Ninja Warrior Fitness Center or its employees and/or agents (collectively, the “Releasees”) or others, and I further assume full responsibility for any actions in which I may engage while participating in the Activity.
5. Medical Authorization and Release. I understand that the Ninja Warrior Fitness Center in no way insures, guarantees, or otherwise maintains responsibility for any medical treatment I may require as a result of my participation in the Program.
6. Release and Covenant Not to Sue. I hereby release, waive, and discharge the Releasees, and each of them, from, and in addition covenant not to sue the Releasees, or any of them, for, any loss or injury to my person or property, including death, in any way arising in connection with my participation in the Activity, whether or not such loss or injury is caused by the negligence of the Releasees or any of them.
7. Indemnification. I hereby agree to indemnify, defend, and save and hold harmless the Releasees, and each of them, from any loss, liability, damage or cost that might be sustained by me or any third party or parties, or the property of any third party or parties, in connection with my participation in the Activity, whether or not such loss or injury is caused by the negligence of the Releasees or any of them.
8. Scope of Release and Indemnity. I expressly agree that the indemnification provided to Releasees in this Waiver and Release of Liability is intended to be as broad and as inclusive as permitted by the laws of the state of New Hampshire.
9. Choice of Law; Jurisdiction and Venue. This Waiver and Release of Liability shall be governed by, construed, and enforced in accordance with the laws of the State of New Hampshire. I hereby agree to submit to personal jurisdiction within the State of New Hampshire and further agree that the exclusive venue for resolving disputes arising in connection with this Waiver and Release of Liability shall be in state or federal court in the State of New Hampshire.
10. Modification of Waiver and Release of Liability. Any modification of this Waiver and Release of Liability or additional obligation assumed by me or the Releasees, or any of them, in connection with this Waiver and Release of Liability shall be binding only if evidenced in a writing signed by each party or his, her or its authorized representative.
11. Severability. The invalidity of any portion of this Waiver and Release of Liability shall not be deemed to affect the validity of any other provision hereof. In the event that any provision of this Waiver and Release of Liability is held to be invalid, the remaining provisions shall be deemed to be in full force and effect as if they had been executed subsequent to the invalid provision being expunged.
12. Costs and Attorney’s Fees. In the event that any costs are incurred to enforce any covenant contained in this Waiver and Release of Liability, including costs incurred in connection with any action at law or in equity to enforce this Waiver and Release of Liability, I agree to pay such costs, including, but not limited to, reasonable attorney’s fees.

**I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X\_\_\_\_\_

**(Participant’s Signature) if over 18**

**(Print) Last Name**

**First Name**

**Date**

**[To be used if participation to include person under the age of 18]**

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for the participant identified below, do consent and agree to his/her release as provided above of all the Releasees, and each of them, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees', and any of them, from any and all liabilities incident to my minor child's involvement or participation in the Program or otherwise arising in connection with my minor child's presence on the Premises, as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR ANY OF THEM.

**PARENT/GUARDIAN:**

**PARTICIPANT:**

X \_\_\_\_\_

\_\_\_\_\_

**(Parent's/Guardian's Signature)**

**(Participant's Name)**

**Age**

Date Signed: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**PHOTOGRAPHY/VIDEOGRAPHY CONSENT**

At various times throughout the year the Workout Club takes photos of the children and adults in our programs for social media and promotional purposes. Your signature below indicates that you grant The Workout Club permission to use your child's image, for such purposes. You also agree to hold the Workout Club and Ninja Warrior Fitness center harmless from any and all claim/demands, (including but not limited to, all claims for libel, defamation, costs and attorney fees) arising out of or in connection with the use of such photographs. Permission is given in perpetuity and without expectation for compensation. The Workout Club agrees to never sell said media to any outside source and to only use said media in the pursuit of legal business practices.

**Name of Child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Legal Guardian:** \_\_\_\_\_

**Signature** \_\_\_\_\_

## Health Information Form

CHILDREN'S LAST NAME: \_\_\_\_\_

Does your child(ren) now or have they ever had a history or experience with the following:

1 <sup>ST</sup> CHILD'S NAME _____			2 <sup>ND</sup> CHILD: _____			3 <sup>RD</sup> CHILD _____		
High or Low Blood Pressure	YES	NO	YES	NO	YES	NO		
Diabetes	YES	NO	YES	NO	YES	NO		
Chest Pains	YES	NO	YES	NO	YES	NO		
Family History of Heart Problems	YES	NO	YES	NO	YES	NO		
Joint Problems	YES	NO	YES	NO	YES	NO		
Asthma or Needs Inhaler?	YES	NO	YES	NO	YES	NO		
Severe Headaches or Dizziness	YES	NO	YES	NO	YES	NO		
Recent Surgeries	YES	NO	YES	NO	YES	NO		
Epilepsy	YES	NO	YES	NO	YES	NO		
Difficulty with any Exercises	YES	NO	YES	NO	YES	NO		
Currently taking any Medications? (Please list below)	YES	NO	YES	NO	YES	NO		

Does your child have any known allergies? If known, what? Do they need an epi-pen, medications, etc?

\_\_\_\_\_

Has your doctor advised your child not to exercise? \_\_\_\_\_ Why? \_\_\_\_\_

Is there any reason your child should not take part in energetic activity? \_\_\_\_\_

If yes, what? \_\_\_\_\_

*As the parent/guardian of the aforementioned child, acknowledge the above information to be true and accurate. To the best of my knowledge, I have given all relevant information regarding my child's health and ability to participate safely in an exercise program. I give my child permission to participate in The Workout Club's Children's Programs and Special Events.*

*On behalf of myself, my heirs and my assigns, I hereby release the Workout Club and its employees from liability for injury, loss or death of myself or my child while using the facility, equipment, or in any way associated with participating in any activity now or in the future resulting from ordinary negligence of The Workout Club and its employees.*

Signed \_\_\_\_\_

Date \_\_\_\_\_