



Jiu Jitsu Participant Form

Participant Name _____ Date of Birth _____

Participant Phone _____ Email _____

Legal Guardian _____ Phone _____

Relationship to Participant _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

If Applicable, Name of Individual(s) Allowed to Pick Minor Up From Class

Please read carefully.

40:31 Physical Therapy and Fitness PLLC (40:31 PTF) Liability and Release Form

In consideration of the right to be a participant of and/or to enter and remain on the premises of 40:31 Physical Therapy and Fitness, PLLC for observation, exercise, coaching, or other use, the undersigned agrees as follows:

1. I understand that this is a fitness program and NOT skilled physical therapy services and my coach is not providing medical care or attempting to diagnose.
2. Participant and/or parent/guardian has examined any equipment prior to use and found it to be in good working order. If it is not in good working order, the participant agrees to not use it.
3. Participant and/or parent/guardian acknowledges all risk of injury or death from exercise/program, and will not hold 40:31 Physical Therapy and Fitness, PLLC liable or otherwise responsible for participants' injury or death resulting from exercising or exercise program. Participant and/or parent/guardian waives any claim that they may have against 40:31 Physical Therapy and Fitness, PLLC for any injuries or death as a result of using the facilities, exercising, or remaining on the premises.

With all of the above in mind, I hereby release 40:31 Physical Therapy and Fitness, PLLC staff to render temporary first aid to participant or participants in the event of any injury or illness and, if deemed necessary by the 40:31 Physical Therapy, PLLC staff, to call a doctor and to seek medical help, including transportation by a 40:31 Physical Therapy and Fitness, PLLC staff member and/or its representatives whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said participant should the 40:31 Physical Therapy and Fitness, PLLC staff deem this to be necessary.

In the event of an emergency, where a guardian is unable to be reached, I hereby authorize a staff member of 40:31 Physical Therapy and Fitness, PLLC to request to consent to any reasonable necessary medical or dental examination or treatment, including anesthesia, surgical and hospital care, to be rendered to the below named minor on the recommendation and supervision of any dentist, physician, or surgeon licensed to practice medicine in the state of Oklahoma.

I give 40:31 Physical Therapy and Fitness, PLLC permission to photograph participant and use the pictures solely for the purpose of their social media, website, or affiliate display. NOTICE: Full names of the participants will not be posted in order to ensure the safety of participants.

I understand that 40:31 Physical Therapy and Fitness, PLLC is not responsible for any lost/stolen items, or damages to personal property brought to 40:31 Physical Therapy and Fitness, PLLC.

I understand that 40:31 Physical Therapy and Fitness, PLLC staff reserves the right to ask any participant and/or observer to leave the facility for any reason.

Please be advised that there are cameras in multiple areas of this facility for liability and safety purposes. They are NOT in areas in which there is a reasonable expectation of privacy (i.e. bathrooms, private treatment areas, etc.). If there are any questions or concerns, please ask to speak with management.

I understand that it is the parent/guardian's responsibility to warn the participant about the potential risks/dangers of exercising or fitness program. I, my executors, and/or other representatives, waive and release all rights and claims of which I or my child may have against 40:31 Physical Therapy and Fitness, PLLC and/or its representatives whether paid or volunteer. I have further read and fully understand the information above and sign this waiver and release of liability and am fully aware of its content and meaning.

_____	_____	_____
Signature	Date	Printed Name of Participant
_____	_____	_____
Relationship to Participant	Printed Name of Guardian	

40:31 Physical Therapy and Fitness PLLC

Gym Rules & Payment Policy

- No shoes are allowed on mats at any time. This applies to participants and any observer.
- Do not climb on, touch, or use any equipment, unless directed by your coach.
- Long hair needs to be tied back, to prevent it from being caught in equipment.
- No food or drinks in the gym. Water will be allowed, as long as the container can be fully sealed.
- No open wounds or fungus
- If you/your child are feeling ill, please have the respect for others to stay home

Attire:

- Please ensure that gym attire does not have metal buttons or zippers, as these can tear our mats.
- Kid's Fitness: these will be co-ed classes, so please have modest clothing (covering belly, bottoms, and tops)
- Jiu Jitsu: no pockets on shirt or shorts, be mindful of personal hygiene and nail length

Payment Policy

Payment must be made in full PRIOR to your/your child's first class. Each payment covers one month of classes and cannot be prorated. The month period will be unique to you and will be charged again at the same day of the next month. Refunds will not be given for missed classes. If the gym has to close or cancel a class, a make up day will be offered. This excludes official holidays.

If you would like to cancel your subscription, please notify us in writing PRIOR to the date you are to be charged next.

Payment link: <https://www.4031pt.com/bjj>

I have read the gym rules and payment policy. I agree to abide by them and I understand that I can be asked to leave the gym, without a refund, if I do not abide by the above rules.

Signature

Date

Printed Name of Participant

Relationship to Participant

Printed Name of Guardian