



# FRANKLIN ATHLETIC CLUB

29350 NORTHWESTERN HWY  
SOUTHFIELD, MI 48034  
(248) 352-8000

Member  
 Non-Member

## League and CLASS REGISTRATION FORM

Name of Class:/League:			Day of Class/League:			Time of Class:							
Session I <input type="checkbox"/>		Session II <input type="checkbox"/>		Session III <input type="checkbox"/>		Session IV <input type="checkbox"/>		Session V <input type="checkbox"/>		Session VI <input type="checkbox"/>		or League ____	
Name of Child:							Birthdate:						
Parent's Name:													
Home Phone:				Cellphone:				Emergency No.:					
Email Address:				Address, City, Zip:									
My child may be released to:													
Allergies or special information regarding my child:													
Credit Card:						Exp. Date:							

In consideration of being allowed to participate in any party and/or program at Franklin Athletic Club/Franklin Academy, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

- I represent that I am the parent or legal guardian of the participant(s) listed below, or I have obtained permission for the parent/legal guardian of the participant(s) listed below to execute this agreement on their behalf.
- The risk of injury to participant(s) may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated and injury is possible.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases' or others and assume full responsibility for my participation.
- I willingly agree to comply with the stated and customary terms and conditions for participation and if I observe any unusual significant hazard during my presence or participation, I will remove myself and bring such to the attention of the nearest official immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Franklin Athletic Club/Franklin Academy, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event ("releases"), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted under law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY ACCEPTING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature

Date:

No Refunds

Participant must be member to receive discount.

# FRANKLIN ATHLETIC CLUB WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Name of child: \_\_\_\_\_ Age of child: \_\_\_\_\_

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I also acknowledge that Franklin Athletic Club has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Franklin Athletic Club cannot guarantee that my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my child and others, including, but not limited to, Franklin Athletic Club staff, and other children and their families. I voluntarily seek services and activities provided by Franklin Athletic Club and acknowledge that I am increasing my child's risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while my child is attending programs.

I attest that I will only send my child to Franklin each day if:

\* My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have taken my child's temperature within one hour prior to bringing my child to camp and my child's temperature did not exceed 98.6 degrees.

\* My child has not traveled internationally within the last 14 days.

\* My child has not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* My child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as noncontagious by state or local public health authorities.

\* I am having my child follow all CDC recommended guidelines as much as possible and limiting my child's exposure to the Corona-virus/COVID-19.

In consideration of my child being allowed to participate in Franklin Athletic Club's program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. On behalf of my child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my child's participation.
3. I willingly agree to have my child comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases.
4. I, for myself and on behalf of my child, either of our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Franklin Athletic Club, its officers, officials, agents, and/or employees, other children, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises where the program is held ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. To the fullest extent permitted by law, I further hereby release and agree to hold Franklin Athletic Club harmless from, and waive on behalf of my child, myself, either of our heirs, assigns and personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to my child or myself and/or property ("Claims") that may be caused by any act, or failure to act of Franklin Athletic Club, or that may otherwise arise in any way in connection with any services received from Franklin Athletic Club, including but not limited to any Claims resulting from the discontinuation of any camp or program my child is enrolled in, regardless of the reason for such discontinuation. I understand that this release discharges Franklin Athletic Club from any liability or claim that I, my child, either of our heirs, or personal representatives may have against Franklin Athletic Club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from or activities conducted at Franklin Athletic Club.

6. This liability waiver and release extends to Franklin Athletic Club together with all owners, officers, directors, shareholders, agents, sponsoring agents, sponsors, advertisers, employees, related companies and all owners of the premises.

7. Any action against Franklin Athletic Club arising out of this Waiver/Release or in any way related to Franklin Athletic Club, must be brought within 180 days of the event giving rise to the claims or be forever barred. I expressly waive any limitation periods to the contrary on behalf of myself, my child, either of our heirs, or personal representatives.

8. I certify that, as parent/guardian, with legal responsibility for this child, I have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDER-STAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Names of parent/guardian: \_\_\_\_\_

Parent guardian/signatures: \_\_\_\_\_, 2020-2021