



Sonic LLC- Information Card, Waiver & Photo Release

Child's Name:	Age:	DOB:
Address:		City, State, Zip:
Parent/Guardian Name(s)		
Phone:	Email:	
Emergency Contact Name:		Phone:
Emergency Contact Name:		Phone:
School:		

PHYSICAL ACTIVITY

- What is your child's current level of activity? _____
- Does your child participate in team sports? If yes, which ones? _____
- Approximate number of minutes per day of physical activity _____

GENERAL HEALTH

Has your child suffered or been diagnosed with any of the following?

Injury (Mark Y or N)	Date of occurrence	Status of recovery
Broken bones		
Head trauma		
Heart Condition		
Allergies		
Asthma		
ADHD		
Other injuries or conditions		

- Does your child take any prescription or over the counter medications? If yes, please list:

- Does your child need a rescue inhaler? _____
- Do you know any reason why your child should not participate in physical activity?
- Additional information: _____

Doctor's Name: _____

Phone: _____

Waiver and Release of Liability: Sonic LLC

I UNDERSTAND THAT SIGNING THIS DOCUMENT WILL PREVENT ME, MY HEIRS, EXECUTORS, DEPENDENTS, BENEFICIARIES AND ASSIGNS FROM SUING Sonic LLC, ITS OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, AGENTS OR GUESTS FOR ANY INJURIES, INCLUDING DEATH AND PARALYSIS, OR DAMAGES THAT I MIGHT RECEIVE WHILE PARTICIPATING IN ANY ACTIVITIES AT Sonic LLC .

_____ (Initial here when read and understood)

I AGREE, BY ALLOWING MY CHILD TO PARTICIPATE IN ANY PROGRAM ASSOCIATED WITH SONIC LLC, THAT SONIC LLC AND SONIC LLC DBA SONIC ATHLETICS SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL CONSEQUENTIAL OR EXEMPLARY DAMAGES FOR ANY INJURY OR HARM TO YOU AND/OR YOUR CHILD INCURRED IN OR AROUND THE PROPERTY WHERE EXERCISE OCCURS. I WILLINGLY ASSUME FULL RESPONSIBILITY FOR THE RISKS THAT I AM EXPOSING MY CHILD TO AND ACCEPT FULL RESPONSIBILITY FOR ANY INJURY OR DEATH THAT MAY RESULT FROM HIS/HER PARTICIPATION IN ANY ACTIVITY OR CLASS FACILITATED BY SONIC ATHLETICS.

_____ (Initial here when read and understood)

Physical fitness training activities can be dangerous and I ASSUME ALL RISKS, known or unknown, of injury, including death, illness or damage to my property.

I understand that there is a significant risk of serious physical injury, death and other damage inherent in physical fitness training.. These risks and hazards can include, but are not limited to: being hit by weights or other objects moved by self or others; being hit by dropped weights that have bounced off the floor; running into or colliding with sharp and hard objects, walls, columns and/or other children and/or adults; tripping on flooring and mats and changes in flooring; being injured while running on city sidewalks, crossing streets or coming upon hazards that exist in nearby parks; falling from hanging bars or from height; strained or sprained muscles, joints and connective tissue; broken bones; personal injury including paralysis, death, illness, property damage, and other losses. Injury or death can arise from errors in judgment, from lack of training or information, from the negligence of me, employees or agents of Sonic LLC or other parties, as well as the risks normally associated with athletic endeavors. There is no way to eliminate the risk of serious harm or death. **I CERTIFY THAT I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN, OF INJURY, ILLNESS, DEATH OR DAMAGE OF WHATEVER KIND ARISING OUT OF MY PARTICIPATING IN ANY SUCH ACTIVITY AT Sonic LLC FACILITIES OR SPONSORED BY Sonic LLC.**

_____ (Initial here when read and understood)

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF THE ABOVE MENTIONED RISKS AND HAZARDS AND IN CONSIDERATION OF **Sonic LLC** ALLOWING MY CHILD'S PARTICIPATION IN THE ACTIVITIES AVAILABLE AT SONIC ATHLETICS, I HEREBY RELEASE SONIC LLC, AND SONIC ATHLETICS, THEIR PRINCIPALS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTION, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY, INCLUDING THOSE ALLEGEDLY ATTRIBUTED TO THE NEGLIGENT ACTS OR OMISSIONS OF THE ABOVE MENTIONED PARTIES. I, THE UNDERSIGNED ACKNOWLEDGE THAT MY CHILD HAS NO PHYSICAL IMPAIRMENTS OR ILLNESSES THAT WILL ENDANGER HIM/HER OR OTHERS.

_____ (Initial here when read and understood)

HEALTH NOTIFICATION

SONIC LLC SERVICES ARE NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE OR A MEDICAL EXAMINATION. PRIOR TO YOUR CHILD'S PARTICIPATION IN ANY PROGRAM, ACTIVITY OR EXERCISE YOU SHOULD SEEK THE ADVICE OF YOUR PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL. YOU UNDERSTAND THAT THESE EXERCISES CAN BE STRENUOUS AND SHOULD BE DONE IN MODERATION. THERE IS AN INHERENT RISK IN ANY EXERCISE THAT, WHILE PROVIDING HEALTH BENEFITS, CAN ALSO CAUSE UNKNOWN HEALTH ISSUES. APPLICATION OR RELIANCE ON THE TECHNIQUES, ADVICE, IDEAS AND SUGGESTIONS OF ANY PERSON ASSOCIATED WITH SONIC ATHLETICS ARE AT THE SOLE DISCRETION AND RISK OF THE PARTICIPANT AND HIS/HER PARENT AND GUARDIAN.

IN CASE OF AN EMERGENCY

I GIVE FULL PERMISSION FOR ANY PERSON CONNECTED TO SONIC LLC OR SONIC ATHLETICS TO ADMINISTER FIRST AID DEEMED NECESSARY, AND IN CASE OF SERIOUS ILLNESS OR INJURY, I GIVE PERMISSION TO CALL FOR MEDICAL AND/OR SURGICAL CARE FOR THE CHILD AND TO TRANSPORT THE CHILD TO A MEDICAL FACILITY DEEMED NECESSARY FOR THE WELL-BEING OF THE CHILD.

X

PHOTOGRAPHY/VIDEO RELEASE

PARTICIPANTS INVOLVED ANY ACTIVITIES OFFERED BY SONIC ATHLETICS MAY BE PHOTOGRAPHED OR VIDEOTAPED DURING TRAINING. THE UNDERSIGNED HEREBY CONSENTS TO THE USE OF THESE PHOTOGRAPHS AND/OR VIDEOS WITHOUT CONSENT OR COMPENSATION ON THE SONIC ATHLETICS WEBSITE OR IN ANY EDITORIAL, PROMOTIONAL OR ADVERTISING MATERIAL PRODUCED BY SONIC ATHLETICS.

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INDEMNIFICATION

I RECOGNIZE THAT THERE IS A RISK INVOLVED IN THE TYPES OF ACTIVITIES OFFERED BY SONIC ATHLETICS. I THEREFORE ACCEPT FINANCIAL RESPONSIBILITY FOR ANY INJURY THAT MY CHILD OR I MAY CAUSE EITHER TO MYSELF OR TO OTHERS. SHOULD THE ABOVE MENTIONED PARTIES OR ANYONE ACTING ON THEIR BEHALF BE REQUIRED TO INCUR ATTORNEY'S FEES AND COSTS TO ENFORCE THIS AGREEMENT, I WILL REIMBURSE THEM FOR SUCH FEES AND COSTS. I AGREE TO INDEMNIFY AND HOLD HARMLESS SONIC ATHLETICS, THEIR PRINCIPALS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM LIABILITY FOR THE INJURY OR DEATH OF ANY PERSON(S) AND DAMAGE TO PROPERTY THAT MAY RESULT FROM MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION WHILE PARTICIPATING IN ACTIVITIES OFFERED BY SONIC ATHLETICS.

X

Other provisions

This agreement constitutes the complete and sole agreement between you and SONIC LLC, its officers, directors, instructors, employees, agents, members and guests and all others associated with SONIC LLC. Evidence of any other agreements, whether oral or in writing, are void and inadmissible and unenforceable in a court of law, arbitration or other dispute resolution proceeding. **INDIVIDUAL OFFICERS, DIRECTORS, SONIC LLC MEMBERS, INSTRUCTORS, EMPLOYEES AND AGENTS HAVE NO AUTHORITY OR POWER TO ALTER THE TERMS OF THIS AGREEMENT, EITHER ORALLY OR IN WRITING.** This agreement covers my use of SONIC LLC's facilities as well as my participation in all SONIC LLC activities and all associated events.

Venue and Jurisdiction

THE LAWS OF THE STATE OF WASHINGTON SHALL GOVERN THIS AGREEMENT. VENUE FOR ANY ACTION SHALL BE KING COUNTY, WASHINGTON.

Severability.

If any provision of this agreement or its application to any person or circumstance is held invalid, the remainder of the agreement or its application to other persons or circumstances is not affected.

ACCEPTANCE

I, THE UNDERSIGNED, DO HEREBY VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE FOREGOING AND THAT BY SIGNING; IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSONAL AND DAMAGE TO PROPERTY CAUSED BY ME. I UNDERSTAND THAT BY SIGNING BELOW, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name
Date

Parent/Guardian Name

Parent/Guardian Signature

TO BE SIGNED IF THE PARTICIPANT IS A MINOR

I represent that I am the parent or legal guardian of the above individual and hereby consent to their use of the SONIC LLC's facility and/or participation in SONIC LLC's activities. In consideration of SONIC LLC allowing the above-named participant to participate and/or use the facility, I agree to be bound by the terms and conditions of this Release. On behalf of myself and my spouse or domestic partner, I hereby KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge SONIC LLC, its officers, directors, instructors, employees, agents, members and guests and all others associated with SONIC LLC of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damage and liabilities, of every kind and nature, whether known or unknown, in law or equity, that said minor ever had or may have, arising from or in any way related to such minor's participation in activities in connection with the SONIC LLC. I further agree that I have full and sole responsibility for the safety and wellbeing of the above-named participant while he or she is using SONIC LLC facilities or participating in SONIC LLC -related events.

I further agree to indemnify, hold harmless and defend SONIC LLC, its officers, directors, instructors, employees, agents, members and guests and all others associated with SONIC LLC from and against any loss, damage, liability, expense, costs, and/or attorneys' fees, including those brought by or on behalf of, or otherwise caused by the above-named participant.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Home Phone Number

Work Phone Number