MINOR WAIVER		
PARENT'S Name	Date	<del>&gt;</del>
Address		
City/State/Zip		
Home #	Call #	
Email address:		
Emergency contact name:	Phone #	
The undersigned executes this Waiver in connection with its rack. T/A Northeast Racquet Club & Fitness Center ("Club") or its conclub or summer camp.		11-2-1
You agree that if your child enters the Club, engages in any efacility or activities, you assume all risk of injury, illness, dama includes, use of locker rooms, pool, whirlpool, sauna, steam rand your child's participation in any activity, class program or agree that your child is voluntarily participating in all such active of yourself and your child (or children) to waive and release the from any and all claims or liabilities or injury to your child when negligence of the Club or any other person.	age or loss to your child or his proper room, parking lot and any equipment instruction, whether on or off the pre vities and use of facilities, you agree ne Club (and its affiliates, employees	ty. This in the Club, mises. You on behalf , and agents)
You hereby acknowledge that children 13 to 17 years old are without supervision by the Club or its staff. You agree that if or such a child enters the Club, that the Club shall have no reactivities, or use of any facilities.	you leave your 13-17 year old child a	it the Club
In addition, you acknowledge that novel coronavirus (Covid-1 Pennsylvania and due to the nature of activities and programalways possible and surfaces may be contaminated and therefully understand the dangers of using the facilities, services a by your children may result in exposure to Covid-19, which myour behalf, and on behalf of you children, agree to waive and agents) from any and all claims or liability for illness or in may contract Covid-19 from you or your children) related to Conegligence of the Club.	s offered at the Club social distancing is a risk of your child contracting Cond programs of the club and acknow ay result in illness, disability or deathed release the Club (and its affiliates, for your child (or children, or any	g is not ovid 19. You ledge that use . You, on employees, person who
YOU ACKNOWLEDGE THAT YOU HAVE CAREFI AND FULLY UNDERSTAND THAT IT		LEASE
	Child's Name (Print)	Birth Date
	Child's Name (Print)	Birth Date
	Child's Name (Print)	Birth Date
Parent / Guardian Name Signature X		
Parent / Guardian Printed Name:		
Date:		