



**CHILD INFORMATION & RELEASE FORM**

Child Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Allergies/Medical Information \_\_\_\_\_

Special Instructions/ What else would you like us to know about your child? \_\_\_\_\_

Other adults permitted to pick up your child (please inform attendant in advance):

**Release:**

I understand that the Spiece Kids Zone is not a licensed day care and is not required to be based on it's purpose and limited hours. I understand I must be in the facility while my child is in the Kids Zone, that I must pay the applicable fee per child and sign my child in and out accurately each time. I understand that the use of the any facilities at Spiece Fieldhouse naturally involves risk of injury to me and/or my child(ren). As such, I voluntarily accept this risk and agree that Ace Performance Team, LLC, d/b/a/ Spiece Fitness, all of its agents including but not limited to Spiece Fieldhouse and Gym Rats, Inc, will not be liable for any injury, including without limitations, personal, bodily, emotional or mental injury, economic loss or any other damage to me, my spouse, dependants, relatives or my belongings resulting from the negligence or other acts by Spiece or any of those listed herein. I release and waive any and all claims, demands, losses, or damages, including those for personal injury and/or death, against Spiece its agents, employees, officers, directors, suppliers, landlord and tenants.

X \_\_\_\_\_  
**Parent/Guardian (Signature)**

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

\_\_\_\_\_  
**Parent/Guardian (Printed)**

Staff \_\_\_\_\_