

Physical Activity Release

TO: Bulldog Sports and Fitness ("Bulldog Sports")
RE: Sports and Fitness Activity (the "Activity")

IN CONSIDERATION OF the participant ("Participant") being permitted to participate in the Activity, the undersigned, on behalf of Participant and Participant's heirs and assigns, hereby:

- 1. Releases and forever discharges Bulldog Sports and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors, and assigns (collectively the "Releasees") from any and all claims, demands, damages, and expenses (collectively the "Claims") in respect of death, injury, loss or damage to property, arising or a result of involvement in the Activity, and notwithstanding that any Claim may have been contributed to by the negligence of any of the Releasees.
- 2. Indemnifies and holds harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to Participant's participation in the Activity.
- 3. Understands and acknowledges that Bulldog Sports does not carry or maintain health, medical or disability insurance coverage for Participant. Therefore, the undersigned agrees to assume responsibility for insurance coverage on the Participant.
- 4. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Physical Activity Release which shall continue to be enforceable.
- 5. The undersigned acknowledges that there is no physical or mental reason(s) why Participant should not take part in physical activity. Bulldog Sports and Fitness assumes no responsibility for a pre-existing medical condition that may be affected by participation in the Activity.
- 6. The undersigned has all necessary legal authority to sign enforceable contracts on behalf of Participant.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

Participant Name	Signature of Participant (or Parent/Guardian)	DATE
Parent Name	Parent Name	
Contact Phone	Contact Email	
Street Address	City, State, Zip	
	·	
Physician Name	Physician Phone	
Trysician Panie	i nysician i none	
Emergency Contact/Relationship	Emergency Contact Phone	



CANCELLATION POLICY

Personal Training: Bulldog Sports and Fitness has a 24 hour cancellation policy. Failure to cancel prior to 24 hours before a scheduled session or failure to show
up for a session will result in the Client being charged for the session. Bulldog Sports and Fitness will do our best to accommodate requests to reschedule sessions
made at least 24 hours prior to the session.

Group Classes: If Client misses a group class (bootcamp, kids classes, etc), Client is not eligible for a credit or a makeup class.

Please initial	
	e to complete all of the classes or sessions purchased, neither a refund nor a credit in the inces Bulldog Sports and Fitness may, at our discretion, transfer the amount of any unused timeframe as detailed below.
Please initial	
date of the first session 16 sessions must be used within 3 months of the	36 sessions must be used within 6 months of the date of the first session 48 sessions must
Please initial	
RAIN POLICY	
	ough May, all of our group classes are scheduled to include a rain make up week at the end g a session, Client may attend another of our group classes on a different day of the week.
Sports Field Hotline (Field Closure Info) - 650-330-2590	
Please initial	
Participant Name	Signature of Participant (or Parent/Guardian) DATE