



FIT Family Night Registration Form

Fit2Order, LLC

303 West Allegheny Avenue | Towson, MD 21204

fit2order.com

Parent's Name(s): _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Other Attendee Name(s): _____ Relationship: _____

Emergency Contact

Name: _____ Phone: _____

Please Read this form carefully and Sign Below:

In signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability, and be waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with FIT Family Night.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against **FIT2Order**, **HCPSS** and each school's **PTA** including its vendors, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

PLEASE SIGN.

(Participant's Name and Signature)

(Date)