



California Family Fitness Rocklin Sports & Fitness

Party Liability Release Form

Child's Name _____

Parent/Guardian's Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Other _____

Please Read Before Signing

I allow my child to participate in a party at California Family Fitness Indoor Sports Complex (Rocklin). I agree to hold California Family Fitness and its staff harmless of any injury that may occur while at California Family Fitness. I give my consent to California Family Fitness, its staff, and emergency medical personnel to treat my child for any medical condition or serious injury regarding immediate attention in my absence.

Participant's Signature (if under 18, Parent/Guardian's Signature) Date