

MINOR GUEST WAIVER

Date _____

Minor Name _____ Date of Birth _____ Age _____

Parent/Guardian Name _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Phone Number _____

LifeStyleRx Member _____ has permission to bring _____ as a guest to use the LifeStyleRx facility.

***This waiver is for minors under the age of 18.
This guest waiver will remain in effect for 12 months.***

Assumption of Risk, Liability & Indemnity – Parent/Guardian hereby acknowledges and agrees that the use of LifeStyleRx facility and Services involves the risk of property loss, substantial personal injury or even death.

PARENT/GUARDIAN RELEASES ANY AND ALL RESPONSIBILITY FOR PERSONAL INJURIES AND/OR PROPERTY LOSS/DAMAGE SUSTAINED BY ANY MEMBER OR ANY GUEST OF ANY MEMBER WHILE ON THE PREMISE, WHETHER USING EXERCISE EQUIPMENT OR NOT.

Parent/Guardian assumes and accepts, on behalf of himself/herself and any minor child guest, the risk of injury and damage inherent in the use of LifeStyleRx facility and Services and hereby fully releases LifeStyleRx in consideration for use of the facility all and any damage claims arising out of LifeStyleRx's own negligence.

The undersigned hereby releases LifeStyleRx, Stanford HealthCare ValleyCare, its shareholders, directors, officers, contractors, agents, volunteers, and affiliated entities from any and all liability and/or responsibility to guest or any third party for any direct, indirect, punitive, incidental, or any damages whatsoever that arise out of or are related to guest's use of the LifeStyleRx facility and Services or the negligence or other acts of LifeStyleRx members or guests using the facility and Services.

Additionally, parent/guardian shall indemnify, defend and hold LifeStyleRx, Stanford HealthCare ValleyCare harmless against any and all claims for injury or damages asserted by any third party arising out of or relating to the conduct of member, member's family members or member's guests.

Arbitration - Any dispute, claim or controversy that arises out of or relates to this Agreement or the breach, termination, enforcement, interpretation or validity thereof, including the determination of the scope of applicability of this Agreement to arbitrate, shall be determined by arbitration in Pleasanton, CA, before a sole arbitrator, in accordance with the laws of the State of California for agreements made in and to be performed in that State. The arbitration shall be administered by JAMS pursuant to its Streamlined Arbitration Rules and Procedures. Judgment on the award may be entered in any court having jurisdiction. The arbitrator shall, in the award, allocate all of the costs of arbitration, including the fees of the arbitrator and the reasonable attorneys' fees of the prevailing party, against the party who did not prevail.

Parent/Legal Guardian Liability Waiver - I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

Parent/Guardian Signature _____ Date _____

Expiration Date



Staff Initials