

The Life Center

2035 Columbus Rd
Burlington NJ 08016

Consent and Medical Release Form

Registrant's Name: _____ Age: _____

Address: _____
(City, state, zip)

Telephone: _____

E-Mail: _____

Any Medical problems please explain: _____

This is to certify that the registrant named on the above portion of this form is in good health, and to the best of my knowledge, does not suffer from any medical disabilities that would render unfit to participate in any activity at The Life Center.

I recognize the possibility of physical injury associated the activities at The Life Center and do hereby release and discharge The Life Center, their managers, agents, officers, employees, members, volunteers, facility owner, and any other participants against any claim by or on behalf of the registrant as a result of the registrant's participation in games, practices, or any other activity while visiting the above mentioned facility.

I fully accept and assume all such risks and all responsibility for losses, costs, and damages. I acknowledge that I have reviewed the rules and regulations of The Life Center, and I understand them, and will abide by them.

SIGNATURE: _____ Date: _____

This form must be signed by a legal representative of the registrant, Parent or Guardian if participant is under 18 yrs old.