

HEALTHQUEST

FITNESS CLUB

Employee CPR / AED / First Aid Registration

Participant's Name: _____ DOB: ____/____/____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email: _____

Scheduled Course Date/Time (if known): _____

HealthQuest home Department _____

_____ Certification Fee \$38

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC., accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well-being of my dependent.

Participant's Signature: _____ Date: _____

Method of Payment (CHECK ONE)

Cash Check Credit Card HQ Member Charge (CC on File)

Payment Amount _____ *Payment will be processed at the time of registration*

◆ CC # _____ Exp. Date: _____ CVV: _____

◆ Signature _____ Date _____