



iROY SPORT
LAND OF DREAMERS

VISITOR ONE DAY PASS (\$15/PER DAY)

VISITOR

Last Name: _____ First Name: _____
 Date of Birth: _____
 Phone: _____ Email: _____
 Address: _____ City/State: _____ Zip: _____
 Emergency Contact: _____ Phone: _____

HEALTH HISTORY

Do you have injuries/surgeries:	Yes	No	If yes, please list:

Do you have medications:	Yes	No	If yes, please list:

Do you have any allergies:	Yes	No	If yes, please list:

Are you pregnant? (Females Only)	Yes	No	If yes, what is your due date:

3444 Germantown Pike
 Collegeville, PA 19426
 610.631.2100
 www.iroysport.com

iRoy Employee Only
 Please Staple a Copy of
 Driver's License Here

VISITOR RELEASE AGREEMENT

I request authorization for myself to use the IroySports LLC. I acknowledge that use of the IroySports Facility by me is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

1. Use of the IroySports LLC involves physical exercise, sport and recreational activities that may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, wellness, and/or recreational activities. My use of the IroySports Facility is a voluntary activity in all respects and I assume all the risks of injury and illness that may result from such use. This includes any sponsored group activities or individual use of the facility or exercise equipment.
2. As the participant, I recognize and acknowledge that there are risk of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I may sustain as a result of participating in any and all activities arising out of, connected with, or in any way associated with my use of the IroySports Facility. I acknowledge that participation and use of the IroySports facility is voluntary.
3. I, on behalf of myself, do hereby fully release and discharge the IroySports Facility, and their agents, employees and the sponsors, and those whose facilities are being used for this program(collectively, the "Released Parties") from any and all liability, claims, and causes of action from injuries or illness(including death), damages or loss which I may have or which may occur to me on account of participation in all activities utilizing the facility. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I, on behalf of myself, hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties negligence. I, on behalf of myself, covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.
4. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries and illness (including death, damages, or loss, including but not limited to attorney's fees, sustained by me arising out of, connected with, or in any way associated with he IroySports Gym.
5. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.
6. I certify that I am in good health and sufficient physical condition to properly use the IroySports Facility; that I am knowledgeable about the proper use of any equipment that I will use and the rules of any activities that I will participate in; and that I will carefully read the operating instructions for any IroySports Facility equipment prior to use and will operate such equipment in strict accordance with instructions.
7. The Released Parties are not responsible for any loss or theft of personal property brought to or left in the IroySports Facility and I release the IroySports LLC from any liability for such loss or theft.

INITIALS

I have read and fully understand the Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I am 18 years old or older. I understand that my signed waiver will be retained in IroySports visitors file. This document is binding upon me and my heirs, children, wards, personal representatives and anyone entitled to act on my behalf.

Visitor Signature: _____

Date: _____

Visitor Signature: _____

Date: _____

COVID-19 LIABILITY RELEASE WAIVER

In consideration of my participation in the IroySports LLC facility activities, the undersigned acknowledge and agree to the following:

I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.

I did not, nor any member of my household, visit any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days .

I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during may participation and I recognize that I may be in any case be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the IROYSPOORT LLC, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the IroySports LLC from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Visitor Signature: _____

Date: _____