



Child Health Profile

| | |
|---------------------------|----------------|
| Child name: | Date of Birth: |
| School: | Grade: |
| Current Health Diagnoses: | |
| Current Medications: | |
| Environmental Allergies: | Reaction: |
| Food Allergies: | Reaction: |
| Medication Allergies: | Reaction: |

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| Environmental Allergies: | Reaction: |
| Food Allergies: | Reaction: |
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Kid Fitness Waiver

1. An enrollment form and liability waiver must be completed and signed by a legal parent or guardian for each child prior to participating in individual or group services at The Retreat PVB or a division of The Retreat PVB (The Grove PVB or The Well PVB).
2. I acknowledge that The Retreat at Ponte Vedra Beach is a facility that has nuts/tree nuts, wheat, and gluten. If my child has a food allergen sensitivity, it is my responsibility to update their health profile and notify The Retreat and its divisions and my child's instructor of their health profile changes.
3. Children enrolled in educational services must have a child health profile completed and on file with The Retreat at Ponte Vedra Beach.
 - a. If your child has a nut or tree nut allergy, the parent must specify procedure for treatment as prescribed by the child's pediatrician and is responsible for managing child's participation in classes at the Retreat PVB
 - b. The parent/guardian is responsible for notifying the instructor if there are any changes to a child's health profile, specifically food allergies.**
4. The use of items for completing educational assignments including pens, pencils, erasers, markers, dry erase markers, tape, scissors, and other academic resources is only allowed with signed consent on file for participation in education classes AND under adult supervision.
5. The use of items for completing fitness services include yoga mats, light weights (1, 2, 3, 4, or 5 pounds), resistance bands, towels, athletic balls, and gym wipes. Participation in fitness activities is only allowed with signed consent on file for participation in education classes AND under adult supervision.
6. You may drop your child(ren) off no earlier than fifteen (15) minutes before their individual or group session. Please plan to pick your child up at the end of their scheduled session.
7. To keep everyone healthy and safe, please do not bring your child if he/she is sick or has been exposed to any contagious illnesses within two (2) weeks prior to their appointment/class.
8. The Retreat at Ponte Vedra Beach will not administer medications.
9. Each child will be released ONLY to the parent or guardian who brought him/her, unless pre-arrangements have been made by the parent or guardian to release the child to parent, guardian, responsible adult. An alternate pick up form will need to be completed and a copy of a government issued ID of the designated adult will need to be on file and shown at the time of the pick-up.



The Grove Kids at The Retreat PVB

I acknowledge that if I am purchasing and will receive individual or group fitness services provided through The Retreat at Ponte Vedra Beach or its divisions, it is at the sole risk of me and the child(ren) identified on the enrollment form (the "Child"). TO THE FULLEST EXTENT PERMITTED BY LAW, AND ON BEHALF OF MYSELF AND MY HEIRS, DEPENDENTS, SPOUSE/PARTNER OR OTHER NEXT OF KIN, REPRESENTATIVES, EXECUTORS, SUCCESSORS AND ASSIGNS, I HEREBY KNOWINGLY AND VOLUNTARILY AGREE – AND REPRESENT THAT I AM AUTHORIZED TO AGREE ON BEHALF OF THE CHILD AND HIS OR HER OTHER PARENT(S) OR GUARDIAN(S) – TO EXPRESSLY, FULLY AND FOREVER WAIVE, RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS (i) The Retreat at Ponte Vedra Beach, ITS MANAGERS, AGENTS, INSTRUCTORS, CONTRACT AND FULL-TIME EMPLOYEES, BABYSITTERS, REPRESENTATIVES, VOLUNTEERS, ADVISORS, SUBCONTRACTORS, SUCCESSORS, ASSIGNS, AND ALL OTHER PERSONS OR ENTITIES WHO HAVE ACTED, ACT OR WILL ACT ON BEHALF OF The Retreat at Ponte Vedra Beach, (ii) THE APPLICABLE PROPERTY OWNERS, (iii) OTHER PARTICIPANTS IN THE CLASS, GROUPS, INDIVIDUAL TREATMENT, AND (iv) OTHER PARENTS, GUARDIANS AND CHILDREN IN THE PLAYWAY AREA OR RECEIVING EDUCATIONAL SERVICES– COLLECTIVELY, THE "RELEASED PARTIES" – FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES, DEMANDS, ACTIONS, CAUSES OR RIGHTS OF ACTION, AND COSTS AND EXPENSES, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEYS' FEES, (COLLECTIVELY, "CLAIMS") – WHETHER KNOWN, UNKNOWN, ANTICIPATED OR UNANTICIPATED – DIRECTLY OR INDIRECTLY ARISING OUT OF, RELATING TO OR RESULTING IN WHOLE OR IN PART FROM THE EDUCATIONAL SERVICES PROVIDED THROUGH The Retreat at Ponte Vedra Beach or its divisions, INCLUDING BUT NOT LIMITED TO ANY CLAIMS OF PHYSICAL OR PSYCHOLOGICAL ILLNESS OR INJURY, BODILY HARM, MEDICAL EXPENSES, COSTS OF MEDICAL EMERGENCY CARE AND/OR TRANSPORT, DEATH, DAMAGE TO REAL OR PERSONAL PROPERTY, LOSS OR THEFT OF PERSONAL PROPERTY, OR ANY OTHER INCIDENT OCCURRING WHILE THE CHILD IS AT The Retreat at Ponte Vedra Beach or its divisions, REGARDLESS OF WHETHER SUCH CLAIMS ARISE IN WHOLE OR IN PART FROM THE ACTS, OMISSIONS OR NEGLIGENCE OF THE RELEASED PARTIES. FURTHER, I REPRESENT THAT I HAVE READ AND SIGNED THE "AGREEMENT OF INFORMED CONSENT,

I understand and agree that access to the kitchen for children and families is prohibited without being enrolled in an organized service for fitness or education services at The Retreat or its divisions. I will be responsible to have my Child(ren) use the restroom prior to the class, group, or individual treatment to the best of my abilities. If my Child(ren) becomes disruptive or is unable to complete activity, I will leave my activity immediately and attend to my Child(ren).

I have read, understand and agree to adhere to the policies and procedures specified above, as well as any policies or procedures posted or otherwise made available to me, and I will read and adhere to any updates to such policies and procedures. I have examined the area in which educational services will be provided and am fully satisfied that it is a safe environment for the Child. This agreement shall be governed by the laws of the state of Florida. If any provision of this agreement is held unlawful, void or for any reason unenforceable by a court of competent jurisdiction, then such provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of the remaining provisions. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into this agreement and waiver of liability.



The Grove Kids at The Retreat PVB

I HAVE CAREFULLY READ THIS AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY PARTICIPATION IN THE FITNESS CLASSES. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS.

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY INDIVIDUAL WHO REGISTERS ONLINE OR SIGNS THE SIGN-IN SHEET AT THE WELL AT THE RETREAT AT PVB

| CHILD NAME | Date of Birth |
|------------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

FOR PARENTS/GUARDIANS OF EDUCATIONAL SERVICES PARTICIPANTS UNDER 18 YEARS OLD:

I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in the educational services and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.

_____/_____/_____/_____
 PARENT'S/GUARDIAN'S PRINTED NAME SIGNATURE PHONE NUMBER DATE

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.



DROP OFF-PICK UP POLICY

At The Retreat at Ponte Vedra Beach and its divisions (The Well and The Grove) each child will be released ONLY to the parent or guardian who brought him/her, unless pre-arrangements have been made by the parent or guardian to release the child to parent, guardian, responsible adult that has a form on file with copy of their government issued ID.

Government issued ID will be required upon dropping off or picking up child to or from activities at The Retreat at Ponte Vedra Beach.

I HAVE CAREFULLY READ THIS DROP OFF PICK UP AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY CHILD BEING RELEASED TO AN ADULT NAMED ON THIS FORM WITH APPROPRIATE GOVERNMENT ISSUED ID ON FILE. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS. I HAVE COMPLETED THE REQUIRED DROP-OFF PICK UP FORMS AND PROVIDED COPIES OF THE GOVERNMENT ISSUED ID OF THE RESPONSIBLE ADULT THAT I HAVE GIVEN PERMISSION TO DROP OFF - PICK UP MY CHILD(REN) FROM ACTIVITIES AT THE RETREAT AT PONTE VEDRA BEACH.

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY INDIVIDUAL WHO REGISTERS ONLINE OR SIGNS THE SIGN-IN SHEET AT THE WELL AT THE RETREAT AT PVB

| CHILD NAME | Date of Birth |
|------------|---------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

FOR PARENTS/GUARDIANS OF EDUCATIONAL PARTICIPANTS UNDER 18 YEARS OLD:

I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in the educational services and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.

_____/_____/_____/_____
PARENT'S/GUARDIAN'S PRINTED NAME SIGNATURE PHONE NUMBER DATE

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.



DROP OFF-PICK UP RELEASE FORM:

I give permission for the adult(s) listed below to drop off-pick up my child(ren) from activities at The Retreat at Ponte Vedra Beach and its divisions.

| | | |
|---|-------------------|-----------------------|
| First Name: | Last Name: | Date of Birth: |
| Relationship to child/family: | | Cell Phone: |
| email: | | |
| COPY OF ID ON FILE: <input type="checkbox"/> YES | | |

| | | |
|---|-------------------|-----------------------|
| First Name: | Last Name: | Date of Birth: |
| Relationship to child/family: | | Cell Phone: |
| email: | | |
| COPY OF ID ON FILE: <input type="checkbox"/> YES | | |

| | | |
|---|-------------------|-----------------------|
| First Name: | Last Name: | Date of Birth: |
| Relationship to child/family: | | Cell Phone: |
| email: | | |
| COPY OF ID ON FILE: <input type="checkbox"/> YES | | |