

EPCFA NEWS

East Penn Children's Fitness Academy, LLC

FEBRUARY 2025

UPCOMING EVENTS

Bring a Friend Week!

Share your love of EPCFA with a friend!

Monday, February 10th—Saturday, February 15th

All students are welcome to bring a friend to their regularly scheduled class! Must be same age group.

Friends must have waiver (on back of newsletter) signed by their parents or guardian in order to participate in class.

Cost is \$8.00 per friend/one friend per student

HAPPY.
Valentine's Day

OPEN

Monday,
February 17th



SUMMER 2025

Help us help you! In preparation for our Summer session, we are asking for your feedback and availability for classes this summer.

Please fill out our 2025 Summer class interest survey on our website or scan the QR!

FOR RENT— Unit #49

Modern/Spacious Retail Space 2500 sq. ft.

Ideal for: Zumba, Yoga, Karate, Dance

Email: Robshe319@gmail.com



SHINING STARS



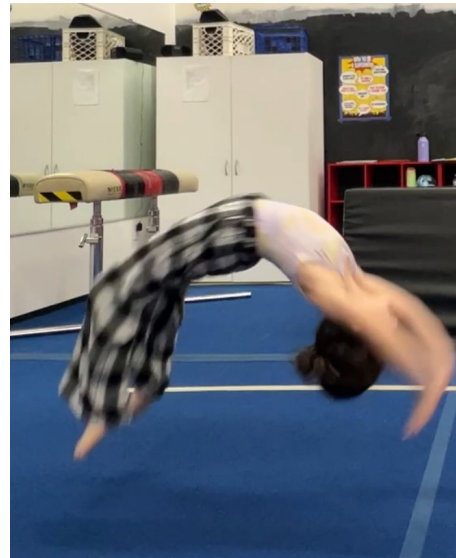
Sadie
Heckman

Tumble
Tots



Charlotte
Franco

Advanced
Gymnastics



East Penn Children's Fitness Academy, LLC
Bring a Friend Week Class Waiver

\$8.00 per friend



Parent Name _____ Child's Name _____ Age _____

Class _____ Day: _____ Time: _____ Date _____ EPCFA REP _____

Parent and/or Legal Guardian Release /Waiver & Consent

I would like my child/children to participate in fitness activities at the East Penn Children's Fitness Academy, LLC ("EPCFA"), located at 45 W. Penn Ave., Alburts, Pa. I am aware while participating at EPCFA there may be times when incidental contact may occur. EPCFA is operating in a safe physical distancing environment, but there may be times when children may violate the physical distancing recommendation. EPCFA staff will spot (physically assist) when required. This is necessary to teach skills safely and to help students perform skills correctly. I agree that spotting will be a part of EPCFA's teaching process and I permit EPCFA staff to physically assist my child when needed. As the parent and/or legal guardian of the child/children listed above, I understand that attendance at EPCFA, is voluntary, and as with all physical fitness activities, there is a chance of serious injury and/or death.

I, the parent and/or legal guardian, agree to indemnify and hold harmless EPCFA, its respective officers, agents, directors and employees from any loss, costs, expenses and liabilities (including serious injury and/or death) arising out of participation in any activities at or in association with EPCFA. As the parent and/or legal guardian, I waive and release any and all rights against EPCFA. I fully assume and accept all risks, liabilities, claims, demands, all losses, injuries, costs and damages that may be suffered by me or my child/children with our activities and association with EPCFA. I hereby release, discharge and covenant not to sue EPCFA, its respective officers, directors, employees, agents, volunteers, other participants, owners and lessors of premises on which the activity takes place.

This Release/Wavier & Consent shall cover and include all areas, activities, performances, and acts, inside and outside EPCFA, including but not limited to all parking facilities, sidewalks, land, bathrooms, hallways, gym areas, lobby, and other areas connected with the same. This Release/Waiver & Consent shall also cover and include participation in events, competitions, and performances at other off-site locations.

I also attest that a legally licensed physician has certified that the child/children listed above are capable of participating in the vigorous physical fitness activities offered by EPCFA. I hereby release EPCFA staff to render temporary first aid to my child in the event of injury or illness, and if deemed necessary to seek medical help, including transportation to a health care facility, or the calling of an ambulance. I do hereby authorize any trained medical professionals to administer emergency treatment to my child/children should illness or injury occur in my absence.

I, the parent and/or legal guardian, hereby consent to letting above signed child/children to partake in any photography/videography opportunities at any practices & performances offered EPCFA events. I am fully releasing the rights of any photos/videos EPCFA owners/staff members may take of my child/ children for eligibility to be posted for any advertising, memo boards, online websites, displays, and any other photo/video opportunities that may occur. I have read and understand the foregoing Release/Waiver & Consent and by affixing my signature, signify my acceptance to be legally bound by it. If any provision of this Release/Waiver & Consent is or becomes illegal, invalid, or unenforceable, that shall not affect the validity or enforceability of any other provision.

Parent Name _____ Phone _____

Email _____

Parent/ Guardian Signature _____

Date _____