

2010

ELITE TRAINING

PERSONAL TRAINING • SPORTS PERFORMANCE • WRESTLING

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4 NORTH WARNER AVE.

BRYN MAWR, PA 19010

610-203-1409

Client Name/D.O.B.:	Client Email:
Client Address:	Client Cell Number:
Athlete School/ Grade:	Client Home Number:
Athletes Sport(s):	Recommended by:
Emergency Contact Name:	Emergency Contact Cell Number:
Email:	Emergency Contact Home Number:
◇ PERSONAL TRAINING ◇ SPEED & AGILITY ◇ STRENGTH ◇ WRESTLING	Injuries or Health Concerns:

ASSUMPTION OF RISK AND RELEASE WAIVER

Please read this form carefully and be aware that by registering and participating in the Event(s), or by registering your minor child for participation in the event(s), you will be waiving your rights and/ or the rights of your minor child to all claims for the injuries you or your minor child might sustain arising out of this Event(s) and you will be required to indemnify, hold harmless and defend Elite Training, LLC for any claims arising out of the participation in the Event(s).

Risk of Injury: Physical activities and exercise can be strenuous and subject you to risk of physical injury and death. Consult with your physician prior to engaging in strenuous activities to ensure that you are healthy enough to engage in these activities. As a participant in the Event(s), or as a parent or legal guardian of a participant under the age of 18, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages or loss which I sustain as a result of participating in any and all activities associated with this Event(s).

Waiver of Injury Claims: I agree to waive and relinquish any and all claims I have arising out of, connected with or in any way associated with the activities of the Event(s).

Release from Liability: I do hereby fully release and discharge Elite Training, LLC, and its officers, agents, directors and employees from any and all claims for physical injuries, including death, damages and loss which may occur on account of participation in the Event(s).

Indemnity and Defense: I further agree to indemnify, hold harmless and defend Elite Training, LLC, its officers, directors, agents and employees from any and all claims for physical injuries, including death, damages and losses sustained by me or my minor child arising out of or connected with or in any way associated with the activities of the Event(s). All sessions must be completed within (3) months of start date or a forfeit of the deposit will occur. No refunds will be given.

I have read and fully understand and agree to the above Liability Waiver and Hold Harmless Agreement.

X

DATE: