

# Release of Liability

Athlete Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Parents Email: \_\_\_\_\_ Parents Cell Phone #: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone#: \_\_\_\_\_

## **Release of Liability**

I/We hereby understand and acknowledge that the training, programs and events held by the GYM may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and E.L.I.T.E. Training Performance furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE E.L.I.T.E. Training Performance, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in E.L.I.T.E. Training Performance training, programs and/or events. By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

I authorize ELITE Training Performance to charge my credit card for training services.

### **Credit Card Information:**

Card Holder Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
CC Type: Visa MasterCard Discover  
CC Number: \_\_\_\_\_  
CC Expiration: \_\_\_\_\_ Month \_\_\_\_\_ Year  
CVC: \_\_\_\_\_

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_