

Registration, Informed Consent and Waiver Release Form

Name _____ Email _____

Address _____

Phone _____ DOB ____ / ____ / ____ AGE _____

Emergency
Contact _____ Phone _____ Relation _____

Do you exercise? Y / N - On average how many days per week and what activity or sport?

Informed Consent & Waiver Release

I _____ (parent or guardian if client is under 18 yrs old) on behalf of

_____ (minor or child under 18) hereby affirm that I am entering a

program of instruction in physical fitness, strength and performance training. By enrolling in this class /

program I certify that I am cognizant of all of the inherent dangers of physical fitness, strength training and

the basic safety rules for activities connected herewith. I understand and agree that neither the program nor

its operator, instructor, home owner, including but not limited to Tom Shifflet, Shifflet family and / or 10770

Miland Road may be held liable in any way for any occurrence in connection with my physical fitness and

performance which may result in injury, death or damage to me or my family, heirs or assignees. I further

acknowledge and forever release Tom Shifflet / Shifflet family and or 10770 Miland Road in connection

with directly or indirectly with my physical fitness and performance training as a result of Tom Shifflet,

Shifflet family and or 10770 Miland Road own negligence, which may result in injury, death or damages to

me or my family, heirs or assignees.

In consideration of being allowed to enroll in this program I hereby personally assume all risks connected

with the training, equipment, training environment and I further release the instructor, program, agents and operator, including but not limited to the persons mentioned for any injury or damage which may be incurred by me while I am enrolled in the fitness or performance training including all risks connected therewith, whether, foreseen or unforeseen; and further to save and hold harmless the program and persons from any claim by me, or my family, estate, heirs or assignees, arising out my enrollment and participation in this fitness training.

I further state that I am of lawful age and legally competent to sign this aforementioned release; that I understand that the terms herein is contractual and not a mere recital; and that I have signed this document as my own free act. I have fully informed myself of the contents of this aforementioned and release by reading it before I sign it, I have been advised to submit, at my own expense and time, to a medical examination to ensure myself, and assume my own responsibility of physical fitness and capability to perform under the normal conditions of the fitness program, and am physically fit as tested by a medical examination. I also understand that the owner / trainer reserves the right of membership / participant(s).

I understand and have fully informed myself (and client if under the age of 18) of the training / coaching background and experience Tom Shifflet does possess and hereby forever release Tom Shifflet and 10770 Milland Road from any liability for bodily injury or death of participant(s) and damage to personal property belonging to participant(s).

I have executed this aforementioned and release at (location)

Authorized Signature Client _____ Date ___ / ___ / ___