

MAXX OUT

Information and



Waiver Form

PEAK PERFORMANCE TRAINING

Participant Name: _____

Current Grade: _____

Participant Home Address: _____

Height: _____ **Weight:** _____ **Date of Birth** ____/____/____

Parent/Guardian Name: _____

Home Phone #: _____

Participant's Cell #: _____

Father's Cell #: _____

Mother's Cell #: _____

EMERGENCY AUTHORIZATION: I, the undersigned Parent or Legal Guardian of the participant named above, a minor, hereby authorize the training leader, other participants' parents, and/or other Maxx Out Peak Performance Training personnel to act as my agents in the capacity of activity supervisor, vehicle drivers, and to the extent deemed necessary, to authorize medical, surgical, or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned Parent or Legal Guardian of the participant named above, a minor, for myself and on behalf of the participant named above, our heirs, assigns, and relatives, acknowledge that participation in high intensity training necessarily involves travel, training in adverse conditions, and also may involve contact with a considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained, or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussions, brain damage, nerve or spinal cord injury, paralysis, and possibly death. For myself and on behalf of the participant named above, our heirs, assigns, and relatives, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the participant named above, I willingly and voluntarily comply with the stated and customary terms and conditions for participation and, if he or I observe or have any unusual significant concern in his readiness for participation in the program itself, I will remove him from participation and bring such a condition to the attention of the nearest trainer immediately.

In consideration of permitting the participation of the participant named above in Maxx Out programs, I, individually, and on behalf of the participant named above, our heirs, assigns, and relatives, hereby release, discharge, and agree to hold harmless the Maxx Out Peak Performance Training, LLC, Lakeshore Athletic Center, LLC, their members, coaches, employees, volunteers, officials, sponsors, and any other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any physical injury or other damage that may result to the participant named above while participating in any Maxx Out Peak Performance Training program, including any physical or other injury caused by the negligence of any such person while performing his duties at any time. Additionally, I, individually and on behalf of the participant named above, consent to the use of the participant's likeness, in both video and still photography, for training and promotional purposes, as determined solely by Maxx Out Peak Performance Training, LLC.

I HAVE READ THE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER SET FORTH ABOVE, AND FULLY UNDERSTAND THE TERMS OF EACH. I FURTHER UNDERSTAND THAT THE PARTICIPANT NAMED ABOVE AND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT ON BEHALF OF THE PARTICIPANT NAMED ABOVE OR MYSELF.

Participant Signature: _____

Date: ____/____/____

Parent or Guardian Signature: _____

Date: ____/____/____