



"Keeping professional athletes fit while building new ones"

High Intensity Sports Performance Training

Waiver and Release of Liability

In consideration of the right and privileges associated with my participation in high intensity sports performance training by Pro-Fit, I acknowledge to be bound by the following:

- **Indemnification of Risks:** I understand that participation in any activity or rigorous exercise, including but not limited to preparation for and participating in athletic training, involves risk of serious injury, including permanent disability, death, and other losses, both to myself and my property. I understand that these injuries and losses might result not only from my actions, but the actions, inactions or negligence of others.
- **Assumption of the Risks:** I agree that I am responsible for my safety while participating in the program and that such responsibility includes participating in the program only when I am both physically and psychologically prepared to participate. **I assume all risks connected with responsibility for any injury or loss connected with my participation in the program.**
- **Waiver:** Aware of the risks and willing to assume them, I hereby waive, release, and hold harmless Pro-Fit and each of this organization's members, managers, agents, coaches, trainers, volunteers, doctors, event organizers, or sponsors from all claims by me for any liability, injury, loss, or damage in any way connected with my participation in the program, except where caused by the gross negligence or willful or wanton misconduct of any of the employees. I intend for this Waiver and Release to also apply to any spouse, relatives, personal representatives, heirs, beneficiaries, next-of-kin, or assigns who might pursue any legal action or claim on my behalf.

- **Insurance:** I understand that it is my sole responsibility to maintain adequate medical insurance and understand Pro-Fit is not responsible for and will not be providing this coverage for me.
 - **Physical Ability:** I understand that I will be participating in athletic training under the guidance of Pro-Fit. I declare that have been examined by a licensed medical physician prior to my participation in the program and am aware of no physical limitation or adverse health risks associated with my participation in the program. I will immediately cease participation and notify a Pro-Fit employee of said condition.
 - **Use of Photographs/Videos Containing My Likeness:** I understand that throughout my participation in the program, photographs and/or videos will be taken which may include myself engaging in the performance of the program. I hereby authorize and allow any such photograph(s) and/or videos to be used by Pro-Fit for any lawful purpose including, but not limited to, marketing, sales, and merchandising.
 - **Acknowledgement of Limited Space:** I understand and acknowledge that each event conducted by Pro-Fit is limited to a specific number of participants in order to enhance each participant's overall experience. By signing up for this training I am occupying a space that could have been sold to another participant. I am therefore committed to paying for my space in full regardless of whether or not I complete the training. No circumstance, including but not limited to, injury, fatigue, and/or scheduling conflicts, will release me from my commitment to pay for my space. Payment for my spar is non-refundable and my space is non-transferable.
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I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND HAVING
DONE SO I AM SIGNING IT VOLUNTARILY.

Athlete's Name: _____

Athlete's Age: _____

Athlete's Signature: _____

*If the athlete is under the age of 18, at least one parent or guardian must
sign below.*

This is to certify that, as parent/guardian of this participant, I do agree to be
bound by each of the terms and conditions identified above and further
consent to this participant's agreement to be bound by the above identified
terms.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Relationship to Athlete: _____

Date: ____/____/____