

Winning For Life Camp Registration

Application/Waiver

Name: _____ Male / Female

Email: _____ Grade _____

Address: _____

City, State _____ Zip: _____

Date of Birth: _____ Home Ph #: _____

Cell Ph#: _____

Emergency Contact: _____

Phone: _____

Relationship: _____

**How did you hear about us?: _____

Health Assessment

Do you have any form of heart disease? Yes / No

Have you ever experienced shortness of breath / chest pains? Yes / No

Date of last full physical: _____

Do you have or do any of the following:

If yes please explain.

High Blood Pressure? Yes / No Levels:

Cigarette Smoking? Yes / No

Diabetes? Yes / No Types: _____

Family History of Heart Disease? Yes / No

Who: _____

How often do you exercise a week and what do you do?

Are you currently taking any medication? Yes / No

Explain _____

Do you have any problems in the following areas:

ANY PREVIOUS INJURIES: _____

Knees Yes / No Explain:

Lower Back Yes / No Explain: _____

Neck/Shoulders Yes / No Explain:

Hip / Pelvis Yes / No Explain:

Any Other Yes / No Explain:

Is there any reason you know of that you should not participate in exercise?

Yes / No

Explain: _____

Sports Appeal Liability Waiver Release Form

The undersigned recognizes that by participating in Sports Appeal Winning for Life Basketball program involves potential risk of physical injury that is caused by the negligence of the undersigned or Winning For Life Program. The undersigned hereby agrees to assume this risk of injury in its entirety regardless of the cause. The Winning For Life Program shall not be liable for any injuries of damage to the undersigned, or the property of the undersigned, or be subject to any claim, demand, injury or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of Winning For Life Program for all such claims, demands, injuries, damages, actions, or causes of action. It is specifically agreed that the Winning For Life Program shall not be liable to the undersigned for articles lost or stolen in connection with the services provided.

Signature of Parent

Date

Email Address

Phone Contact

Forever Strong Quality Fitness LLC Waiver Release

Photograph/Video Release

Participants involved in any activities offered by Forever Strong Quality Fitness may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the Forever Strong Quality Fitness website or in any editorial, promotional or advertising material produced and/or published by Forever Strong Quality Fitness

Initials: _____

Waiver and Release Liability

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of Forever Strong Quality Fitness . I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initials: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by Forever Strong Quality Fitness , I, the undersigned hereby release Forever Strong Quality Fitness , their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Forever Strong Quality Fitness to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well-being of the child.

Forever Strong Quality Fitness LLC Waiver Release

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by Forever Strong Quality Fitness. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Forever Strong Quality Fitness, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Forever Strong Quality Fitness , at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by Forever Strong Quality Fitness.

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: _____

Print Name: _____

Date: _____

If the participant is under the age of 18,

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____