



Team Training Session(s) Waiver and Release

ASSUMPTION OF RISK: I am aware that, even if the greatest care is exercised, participating in athletic activities carries an inherent risk of injury or death. I am also aware that athlete training facilities contain dangers that can cause serious injury or death. Accordingly, athletes and guests may injure themselves while using or attending our facility or at an offsite location. Athletes and guests assume all risk of personal injury, death, property loss, or other damages that may relate to participating in any Velocity Sports Performance activity, or attending or observing a class or event. By assuming those risks, **athletes and guests waive, and release**, all claims athletes or guests may have or may want to assert against us, our affiliates (including our franchisor), and our affiliates' owners, officers, directors, managers, employees, agents, and representatives (the "VSP Group") connected to or arising out of any of the aforesaid risks. Athletes and guests release the VSP Group from all claims, damages, demands, rights of action, causes of action, and liabilities, present or future, known or unknown, anticipated or unanticipated, including, without limitation, those arising from our negligence, or breach of contract. The undersigned acknowledges and agrees to release in perpetuity any photos, video or likeness taken of athlete for the purposes of media and public relations use by the VSP Group without any expectation of compensation, remuneration, or other benefit to the undersigned or his/her family.

***** PLEASE PRINT NEATLY *****

Date: _____

Athlete Name (print): _____ Age: _____ Grade: _____

Sports: _____ School: _____

Team: _____ Coach: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones - Home: _____ Cell: _____ Work: _____

E-mail: _____

How did you hear about Velocity? _____

Current/Chronic Health Issues/Concerns: _____

Signatures – I agree to the above & have read and will follow the rules.

Athlete **Signature:** _____

If Athlete is under 18,

Parent/Guardian Name (print): _____

Parent/Guardian **Signature:** _____

Emergency Contact Name: _____ Phone: _____

Relationship to Athlete: _____

RETURN FOR A FREE SESSION!

Would you like to schedule a FREE training session in one of our small group classes? Yes No

(You can schedule the session while you are here, or we'll contact you at a later date)

Office Use Only

Paid _____ Cash / Check# _____ / Visa MC AmEx

Trk _____ MB _____