



WAIVER/RELEASE OF LIABILITY

I, _____ give my son/daughter or self if over 18, _____ permission to participate in the Compete Performance training and conditioning sessions. I verify that my son/daughter or self if over 18 named above is in good health as evidenced by documentation of a thorough athletic pre-participation physical examination, completed in the last 12 months.

I understand that participation in a sport or physical exercise may result in accidents or injury. I agree that all exercises and use of fitness equipment by my son/daughter/self (to be stated as client) are undertaken at the sole risk of the client, and that Chris Phillips, Compete Performance or anyone affiliated, shall not be liable for any claims for injuries or damages whatsoever to person or property of the client arising out of or connected with the clients use of any and all facilities and/or equipment or participation in a Compete Performance conditioning session. I, on behalf of my son/daughter if under 18 or self, agree to indemnify and to hold Chris Phillips, Compete Performance and it's agents and/or employees harmless from all claims by or liability to my son/daughter if under 18 or self, except for those claims arising out of Chris Phillips or Compete Performance's knowingly failing to correct a dangerous condition brought to its attention. In addition, Compete Performance or Chris Phillips hold the right to use images/video taken during conditioning sessions.

Does the Participant:	Have a current injury?	YES	NO (Please circle one)
	Had an injury in the last 12 months?	YES	NO
	Had a surgery in the last 12 months	YES	NO
	Had a concussion in the last 12 months?	YES	NO
	Have Asthma?	YES	NO
	Have any allergies?	YES	NO
	Have any other medical conditions?	YES	NO

Please explain all YES answers on the back of the page.

Compete Performance adheres to a 24 hour cancellation policy. All private and team sessions cancelled less than 24 hours in advance will be charged the full amount of the session. If Compete Performance is able to fill the cancelled slot, the client will not be charged. Repeat cancellations may result in the loss of time slot. Clients who commit to participating as part of a group will forfeit their session if they do not attend including Athletic Performance and Adult Fitness Classes. There will be a \$15 charge for all returned checks.

I have read, understand and agree to this waiver/release of liability. I have answered the foregoing questions to the best of my knowledge.

Signature of Parent/Guardian or self if over 18 Date

Compete Performance Signature Date

Client Info

Name: _____ Date of Birth: _____ Sport: _____

Phone #: _____ Email: _____

Address: _____

Emergency Contact Name and Phone #: _____

Who referred you to Compete? OR How did you find Compete?
