

REGISTRATION and WAIVER FORM

Athletes Name: _____

Class #1: **Class: #1 Mon. & Wed.** (11/2 through 12/9) -12 classes- \$360

Class #2: **Class: #2 Mon. & Wed.** (12/14 through 1/27) -12 classes- \$360

Class #3: **Class: #3 Tue. & Thurs.** (12/15 through 1/28) -11 classes- \$330

Class #4: **Class: #4 Mon. & Wed.** (2/1 through 3/10) -12 classes- \$360

Class #5: **Class: #5 Tue. & Thurs.** (2/2 through 3/11) -12 classes- \$360

Date of birth/age _____ **Telephone:** _____

Street Address: _____

City/State/Zip _____

Parent(s)/Guardian(s) Name(s): _____

Parent's Daytime Phone: _____ **Email Address** _____

Are there any physical limitations, special circumstances, or other medical information that we should be aware of? YES NO

If yes, please explain on reverse side:

I, _____ hereby enrolled in a program of strenuous physical activity including but not limited to weight training, and various aerobic conditioning machinery (the "Exercise Program") offered by Integrated Sports Training, LLC ("Integrated"). I hereby represent that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this Exercise Program. I understand that Integrated has not and will not render any medical services including medical diagnosis of my physical condition. If there is any change in my physical condition, I shall immediately report this to Integrated.

In consideration of my participation in Integrated's Exercise program, I _____ for myself, my heirs and assigns, hereby release and agree to hold harmless Integrated, its employees, officers, members and agents from any claims, demands, and causes of action from my participation in the Exercise Program and causing my death, personal injury, property damage or loss of any kind.

I fully understand that I may injure myself as a result of my participation in Integrated's Exercise program and I, _____ hereby release and agree to hold harmless Integrated, its employees, officers, members and agents from any liability now or in the future however caused, including Integrated's acts of negligence or omissions occurring during or after my participation in the Exercise Program.

I HEREBY REPRESENT THAT I HAVE READ, REVIEWED AND FULLY UNDERSTAND THE ABOVE. I HEREBY REPRESENT THAT I HAVE DISCUSSED THE CONTENTS OF THIS CLIENT WAIVER FORM WITH A REPRESENTATIVE OF INTEGRATED. If I am not over the age of 18, this form is signed by my parent or legal guardian on my behalf.

Parent Signature: _____

Print Name: _____ **Date:** _____