



Premier Sports Performance, Nutrition and Wellness Training

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## Risk and Waiver Form

**This form must be filled out in its entirety before participating in any GO! Athletics' testing or program.**

### **Assumption of Risk and Waiver:**

Exercise has extraordinary benefits to increase ones' health and well-being. Unfortunately, there are inherent risks and hazards one assumes when beginning a conditioning program. It is my understanding that there exists the possibility of adverse changes during exercise; these changes could cause abnormal blood pressure, fainting, disorder of heart rhythm, and very rare instances of heart attack or even death. These risks include, but not limited to, the possibility of stroke or other cardiovascular incident or occurrence, mental, physiological, motor, visual or hearing injuries, deficiencies, difficulties or disturbances; partial body paralysis; slips, falls or other unintended loss of balance or bodily movement related to using the exercise equipment which may cause muscular, neurological, orthopedic, or other bodily injuries; as well as a variety of other possible occurrences any one of which could conceivably, however remotely, cause bodily injury, impairment, disability or death. Any exercise program can carry with it some risk however unlikely or remote, there are also other risks of injury, impairment, disability, disfigurement, and even death. You are strongly advised to always consult your physician before starting any exercise program.

Knowing and understanding all risks, it is my desire to waive any and all claims from any rights or any and all damages and to proceed with a program as herein described.

**I ACKNOWLEDGE AND AGREE TO ASSUME ALL RISKS. IF YOU UNDERSTAND AND COMPLETELY AGREE, INITIAL HERE \_\_\_\_\_.**

### **Consent**

I hereby consent to voluntarily engage in an exercise program to increase my circulatory, respiratory and muscular fitness with or without my physician's knowledge.

**I ACKNOWLEDGE AND AGREE TO ASSUME ALL RISKS. IF CORRECT AND YOU UNDERSTAND AND AGREE, INITIAL HERE \_\_\_\_\_.**

I acknowledge that I have read this document in its entirety.

**IF CORRECT AND YOU UNDERSTAND AND AGREE, INITIAL HERE \_\_\_\_\_.**

# Risk and Waiver Form

This form must be filled out in its entirety before participating in any GO! Athletics' testing or programs.

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you consulted with your physician before starting an exercise program? \_\_\_\_\_

Guest's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18 years of age:

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Guest Number:** \_\_\_\_\_ **Number of Visits:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_