

Athletic Performance Factory REGISTRATION FORM

Participant Name: _____

Gender: Male Female Age: _____

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LIABILITY WAIVER:

- In consideration of participating at the Athletic Performance Factory (APF), I represent that I understand the nature of the activities and that I am qualified, in good health, and in proper physical condition to participate in such activities, or am signing for my child who is able to participate in the event.
- I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that the activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activities.
- I hereby release, discharge, and covenant not to sue the Athletic Performance Factory (APF), its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place, (each considered of the "RELEASES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be in whole or in part by the negligence of the "releases", or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "releases", I will indemnify, save, and hold harmless each of the "releases" from any loss liability, damage, or cost, which any may incur as the result of such claim.
- I have read the release and waiver of liability, assumption of risk, and indemnity agreement, understand that I have given up substantial rights freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding shall continue in full force and effect.
- I also understand that unless specifically stated at the time of registration, participants permit the taking of photos and videotapes of themselves and their children during their time at the Athletic Performance Factory (APF) for publication and use as APF deems necessary.

I/We have read, understand and agree to comply with the Waiver as outlined above.

Client's Signature (if 18 years old or older)

Guardian's Signature (if client is younger than 18 Years old)

PAYMENT is REQUIRED at the time of REGISTRATION! (APF accepts cash, check, debit, or credit cards!)

For Office Use Only!

Activity: _____

Date: _____

Entered Into Mindbody: _____

Payment: _____