



**LIABILITY WAIVER
(Athletes Info)**

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL WORK HOME

EMAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____ CELL WORK HOME

TODAY'S DATE (MM/DD/YYYY): _____

I understand that any exercise regime _____ (ATHLETES NAME) pursues may create physical stress resulting in harmful effects. I agree that it is my sole responsibility to consult a physician prior to _____ (ATHLETES NAME) commencing any exercise program. I understand that use of the ELITE ATHLETICS training may result in injury and that; I AM SOLELY RESPONSIBLE FOR ANY INJURY _____ (ATHLETES NAME) MAY SUFFER AS A RESULT OF USING THIS TRAINING. I AGREE THAT ELITE ATHLETICS, ITS OWNERS AND EMPLOYEES WILL HAVE NO LIABILITY OF ANY KIND TO _____ (ATHLETES NAME) OR ANY MEMBER OF MY FAMILY FOR ANY INJURY OR DAMAGES WHATSOEVER, THAT I HEREBY WAIVE ANY SUCH CLAIMS FOR INJURY OF ANY KIND AND FOR ANY REASON, AND THAT MY CHILD UNDERTAKES ALL ACTIVITIES WITH ELITE ATHLETICS AT HIS/HER OWN RISK. I have no knowledge of any physical condition or limitation that may prevent _____ (ATHLETES NAME) from safely engaging in any of the physical activities available at ELITE ATHLETICS, I will inform ELITE ATHLETICS of any adverse change in _____ (ATHLETES NAME)'s physical or mental condition that might otherwise be detrimental to him/her or those around him/her

If 18+

Athlete's Signature _____ **DATE:** _____

If under 18

Parents Signature: _____ **DATE:** _____