

VARSDITY HOUSE GYM

SPEED | STRENGTH | POWER | PERFORMANCE

RELEASE FORM

Athlete Name: _____ Parent Name (if under 18) _____

Sport(s): _____ Team/School: _____

Date of Birth: _____ Sex: MALE / FEMALE

E-Mail Address: _____

Street Address: _____
STREET TOWN ZIP

Home Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____ Emergency Phone: _____

B. FAMILY HISTORY

Have any of your relatives had any of the following before age 60?

- Heart Attack Stroke
 High Blood Pressure Diabetes
 Heart Surgery Sudden death at any age

Please explain: _____

C. PERSONAL HISTORY

Have you ever had:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Allergies due to medication | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Serious Injuries |
| <input type="checkbox"/> Unusually rapid heart beat | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Orthopedic Problem | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Asthma | <input type="checkbox"/> Fractures | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Epilepsy or fainting spells | <input type="checkbox"/> Anemia | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Swollen, stiff or painful joints | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> A Hernia | |

Please explain: _____

Are any of these conditions still present? _____

Are you currently taking any medication? _____

Is there any reason at all that might limit your ability to undergo a strength & conditioning program? _____

*** READ AND SIGN WAIVER ON OPPOSITE SIDE ***

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WAIVER/RELEASE, ASSUMPTION OF RISK & PARENTAL CONSENT & INDEMNITY AGREEMENT

In consideration of myself/ minor child being permitted to participate in any way in the R & Z Performance Training LLC (**Varsity House**) in sponsored Activities ("Activity"), I agree:

1. I understand the nature of **Varsity House** activities and the Minor's Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) **Varsity House** Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses 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, COSTS, AND DAMAGES** incurred as a result of the Minor's Participation in the Activity.
3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Varsity House**, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the Minor's behalf makes a claim against any of the Releasees named above, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT 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 ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Client or Parent / Legal Guardian

Date: _____

Printed Name of Client or Parent / Legal Guardian