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 Suite 306, Pineville, NC 28134
 Phone: 704.889.1458
 Email: info@per4mancetraining.com

Waiver and Release

Your signature is required.

I have been informed of and acknowledge that participation in aerobic exercise, (cycling/triathlon/Computrainer activities included) including the use of equipment, is a potentially hazardous activity. I also have been informed of and acknowledge that participation in fitness activities, use of equipment and machinery and/or participation in an endurance sports events can be an extreme test of a person's physical and mental limits and such training and participation poses potential risks of serious bodily injury and death, or property damage. I HEREBY AGREE TO EXPRESSLY ASSUME AND ACCEPT ALL RISKS OF INJURY OR DEATH.

Please initial _____ I agree to the following(initial statement to which you agree at the "initial" space):

(Initial)_____ I hereby attest that I am in good health and suffer no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I acknowledge that I have been informed of the need for a physician's approval for my participation in the fitness activities. I attest that my physical condition has been verified by a licensed medical doctor.

- a) **Waive, Release, and Discharge** Chad Andrews, **Per4mance Training, LLC** and Per4mance Training directors, employees, administrators, consultants, coaches and agents from any claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or at any time in the future, resulting from participation in this or any other program or from use of any equipment at various sites, including home, provided by and/or recommended by **Per4mance Training, LLC.**
- b) **Agree not to Sue** any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein.
- c) **Indemnify, Defend, and Hold Harmless**, the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

(Initial)_____ I affirm that I am eighteen (18) years of age or older, I have read this document and understand its contents.

(Initial)_____ I affirm that my son or daughter is not 18 yrs of age and the following to apply:

Parent/Guardian Waiver and Release: I fully understand that Per4mance Training coaches are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Per4mance Training to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Per4mance Training coaches to seek medical help and/or call an ambulance. You agree that you are aware that your son/daughter will be engaging in physical exercise involving sports and fitness, which could cause injury to them. You agree that your son/daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might incur as a result of these activities. Per4mance Training will make no evaluation or recommendation whether your son/daughter is physically fit for any physical activity. If your son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program.

Printed Name: _____

Signature: _____

Date: _____

Name:	DOB:
Address:	City/ST/Zip:
Email:	Phone:
Initial Date of Contact:	Referred: