



ProFormance Youth Programs

Please take a few minutes to carefully review the following procedures and complete this form to help ensure that everything runs smoothly. If you have any questions please ask.

Name of Participant: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (____) ____ - _____ **Cell:** (____) ____ - _____ **E-Mail Address:** _____

Date of Birth: _____ **Parent(s) Names:** _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Number: (____) ____ - _____

- 1) All registration forms and waivers must be completed before participation is allowed. It is your responsibility to provide us with accurate information, and thorough answers. Please be assured that the strictest of confidence will be maintained with all confidential information.
- 2) Please let us know if any special requirements are needed by you or above identified participant during our exercise program. This includes inhalers, medications, emergency allergy medication, etc. Please be advised that it is your responsibility to get this to us.
- 3) Please clearly state to yourself or above identified participant that any pain or unusual symptoms should be immediately identified to the instructor. If your child is recovering from an injury, or has a nagging injury please identify that to the instructor. .
- 4) Please let us know if any muscular soreness last longer than 24-48 hours

Waiver & Indemnity Release

- 1) I understand that participation in ProFormance Youth Programs, or use of any facility or amenity on the premises, is entirely at my own risk.
- 2) I understand that ProFormance Youth Programs are not considered Physical Therapy services.
- 3) As a voluntary participant in ProFormance Youth Programs, I agree to assume all risks of injury, illness, death, damage or loss or theft of any personal property.
- 4) I understand and agree that ProFormance Youth Programs, ProFormance Physical Therapy, LLC, its members, employees, staff, agents, instructors, and all individuals assisting with the ProFormance Youth Programs assume no responsibility for accidents/injuries, and/or other expenses incurred as a result of participation.

- 5) I attest that myself, or the above identified participant, is in good health and able to participate in the vigorous activities of ProFormance Youth Programs. In addition, I attest that a physical exam has been performed on myself, or the above identified participant, and have been cleared by a physician to perform vigorous athletic activity.
- 6) I understand that in the event of an emergency, every effort will be made to contact me, or the emergency contact. In the event that the emergency contact is unable to be reached by telephone, I give permission to ProFormance Youth Programs staff to transport me, or the above identified participant to an emergency facility and to administer, with a licensed physician, first aid and emergency treatment as is deemed necessary.
- 7) In addition, I understand that the program I, or the above identified participant, is participating in is very vigorous, and such physical activity carries inherent risks that cannot be avoided regardless of the care taken to avoid injuries.
- 8) If I or the above identified participant has any life threatening allergies, I agree to supply the ProFormance Youth Program staff with the appropriate medications to administer in the event of an emergency.
- 9) I give permission to ProFormance Youth Programs, to use photographs, verbal quotations, and/or other likenesses of myself, or the above identified participant, for public advertising, or other commercial purposes.

I hereby expressly agree to release and discharge ProFormance Youth Programs, ProFormance Physical Therapy, LLC, their members, employees, staff, agents, instructors or assigns, from any and all claims causes of action caused by or resulting from my participation of the above identified participant, in the activities of ProFormance Youth Programs, whether such claim or cause of action is caused by the alleged negligence of ProFormance Physical Therapy, LLC, another participant, any other person or cause.

In signing this waiver, I acknowledge that I or above identified participant, am consenting to participation in ProFormance Youth Programs, and acknowledge that I understand that all risks, including that of ordinary negligence, are expressly assumed by the participant and the parent(s) or guardians, and all claims are expressly waived in advance.

Participant's Signature: _____ **Date:** _____

If participant is under 18:

Parent's/Guardian's Signature: _____ **Date:** _____