

TURBO ATHLETICS

WINTER FOOTBALL CAMP REGISTRATION FORM

MAIL THIS COMPLETED FORM WITH CHECK PAYABLE TO TURBO ATHLETICS TO
4946 SOUTH ST. LAWRENCE CHICAGO, IL 60615

Athlete's Name: _____ Sport(s) _____

DOB ___/___/___ Grade (2009-2010): _____ School: _____

Parent/Guardian Name(s): _____

Address/City/Zip: _____

Best Contact Phone:_(_____) _____ Email _____

Current Medical Condition: _____

Sessions: Jan-9 (10-11:30a) Jan-16 (10-11:30a) Jan-23 (2-3:30p) Jan-30 (10-11:30a)
Feb-6 (2-3:30p) Feb-13 (2-3:30p) Feb-20 (2-3:30p) Feb-27 (2-3:30p)

Pricing: (\$30) per session or (\$225) for 8 sessions paid in advance

Payment Method: Check (payable to Turbo Athletics) or Credit Card Payment

Waiver, Release and Assumption of Risk Form

This form is an important legal document. It explains the risks your child is assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly in the spaces provided at the bottom.

Waiver, Informed Consent and Covenant Not to Sue

I, _____, have volunteered my child to participate in a program of physical exercise under the direction of Turbo Athletics, LLC, which will include, but may not be limited to, speed and /or resistance training. In consideration of the Turbo Athletics, LLC's agreement to instruct, assist and train my child, I do here and forever release and discharge and hereby hold harmless the Turbo Athletics, LLC and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my child's participation in this or any exercise program including any injuries resulting there from. **THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.**

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in the exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack and, in rare instances, death. I understand that as a result of my child's participation in an exercise program, my child could suffer an injury or physical disorder that could result in my child becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. I recognize that an examination by my physician must be obtained prior to involvement in this exercise program. I acknowledge and agree that I assume the risks associated with any and all activities and /or exercises in which my child participates. I acknowledge and agree that no warranties or representations have been made to me regarding the results my child will receive from this program. I understand that results are individual and may vary. **I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TURBO ATHLETICS, LLC, FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.**

PARENT/GUARDIAN

DATE

PLEASE PRINT NAME