



I, the undersigned patron of Acceleration Sports Institute, ("ASI"), hereby state and represent as follows:

1. I have no known medical problems that would preclude me from participation in any of ASI's programs, and the information I have provided to ASI regarding my medical and physical condition is true and correct to the best of my knowledge.
2. My participation in any of ASI's programs is voluntary, and I have the right to withdraw from any of the programs at any time. If I withdraw from any of the programs, however, I am still responsible for any monetary obligations I may have incurred in the course of my participation.
3. I hereby agree to forever waive any and all claims that I have against ASI or its agents or employees as a result of my participation in any of ASI's programs. This release shall be binding on my heirs, legal representatives, and assigns.
4. I hereby consent to and permit ASI to use data obtained as a result of my participation in ASI's programs in reports or publications, but my identity will not be revealed in any such reports unless I have given my specific consent to do so.
5. I am aware of ASI's **NO SHOW** Policy, which states that if I do not show up for my training session, ASI has the option of counting that session as if it were used.
6. In the event of physical injury resulting from my participation in any of ASI's programs, no medical or monetary compensation will be provided to me by ASI, and I will assume and pay either personally or through my own medical insurance coverage, all medical bills or expenses incurred as a result of my participation in ASI's programs.
7. **Risks and discomforts:** When participating in sports and conditioning, there exists the possibility of straining muscles and spraining ligaments. ASI will try to minimize these risks. It is not uncommon to experience some delayed on-set muscle soreness when starting a strength and conditioning program.
8. **Payment:** As a participant in ASI's programs, I am aware that payment in full is required prior to the first session as well as prior to the first session of each month's membership, and there are no refunds given.
9. **Termination of Membership:** As a participant in ASI's monthly membership, I have the right to terminate my memberships at any time through written communication with no refunds given for the remainder of the month in which termination is requested.

I have read this release and the information provided to me by Acceleration Sports Institute and understand that I am signing a complete release of any claim resulting from my participation in any of Acceleration Sports Institute programs.

Participant Name (please print): _____

Heart Monitor Information: Date of Birth: _____ Height: _____ Weight: _____

Signature of Participant: _____ Date: _____

The above-named patron is under the age of 18 years. I have reviewed the information provided and certify it to be true and correct. I represent that the patron is currently covered under my medical insurance, and I consent to him/her participating in ASI programs.

Name of Parent or Guardian: _____

Relationship to participant: _____

Signature of Parent or Guardian: _____ Date: _____