



Registration and Waiver

-Age group / time of class: _____

Name: _____ **Age** _____

Address: _____ **Phone:** _____

Email (s): _____ **Parents Name:** _____

Best way to get a hold of Parent: _____

Please list 2 sports you participate or plan to participate in:

1.

2.

Please list any injuries or health conditions you may have and primary goal:

Athlete X Factory LLC.

Release form... (This waiver is required for Participation!)

Read this document completely before signing. It's purpose is to release Athlete X Factory LLC. and all staff from any liability resulting from your participation in the activities involved with speed camp and waives all claims for damages or losses against Athlete X Factory LLC and staff. Release from responsibility, assumption of risk and waiver in consideration of my being permitted by Athlete X Factory LLC to participate in the speed camp program. **NAME OF**

PARTICIPANT _____

Exercising my own free choice to participate voluntarily in the above named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless Athlete X Factory LLC and their officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at the above listed program. I acknowledge that I am aware of any hazards and risks which may be associated with my participation in the above named program and am unaware of any health issues that would preclude participation. I understand, accept and assume those hazards and risks and waive all claims against Athlete X Factory LLC, the camp staff and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts or conduct associated with the above named activities. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this release, assumption of risk and waiver. Read and executed.

ATHLETIC DEVELOPMENT PROGRAM SERVICES: The services being requested are Athletic Development programs, scheduled for approximately 45-60 minutes each, unless otherwise specified in this agreement. Athlete X Factory will make every attempt to provide the best service possible, acknowledging client requests (such as trainer gender, age, appointment time, etc.) but will not be held liable, or otherwise does not affect the terms of this agreement, in the event these requests cannot be met. Athlete X Factory must not delay performance of services in excess of six months from the date the agreement is entered into. **All appointment cancellations need to be made twenty-four (24) hours prior to the scheduled appointment time to not be considered a "no show."** In the event the client "no shows" for their scheduled session, the client will be charged for that session. **All Athletic Development program sessions, of any number of sessions purchased, must be completed by client within six (6) months of the Agreement date. If sessions (including make-up sessions) extend beyond the above state prior, then the remaining sessions of the agreement are considered to have lapsed and will immediately discontinue. Boot-camp and small or large group classes will be paid for in advance, and the failure to make a scheduled class will not result in refund of time or monies.** Failure to use the services does not relieve the Buyer or the Athlete of their obligations, (regardless of circumstances), to pay fees, late charges and other monies due under this Agreement in full. The completion date will be extended when a signed doctor's note received stating a medical reason, which prevents a personal training session program to be completed within the normal allotted time period. **REFUNDS:** No refunds shall be made for services purchased, except as specifically provided in this Agreement.

(Signature of Participant OR Parent or Legal Guardian) _____ Date _____

PLEASE INCLUDE THE FOLLOWING:

Emergency Contact Name and Phone Number: _____

Athlete X Factory LLC
1312 Barberry Dr. Suite 120, Janesville WI, 53545
Phone 608-359-3180
athletexfactory@yahoo.com

I grant permission to use my photograph /or camp results in print or online materials designed for news, informational or educational purposes related to Athlete X Factory LLC.

Print name: _____

Signature: _____

Date: _____

Date Paid: _____