## **AXIS Waiver and Release Form**

Name:	Date of Birth:	Grade:	School:	
Parent/Guardian Name (if under age 18):	Emai	l:		
Phone: (H) (W)				
Address:	City:	State:	Zip:	_
(Please give name of person	High School Other			
Please list sports/activities that you participate in	:			
Please list any previous injury's or health concer	n's that could hinder your tr	aining:		
If you have been under the care of a Physical The	erapist, Orthopedic Doctor,	or other specialist,	please indicate the	reason for care
Training Goals:				
If you do <u>NOT</u> want your (or your chil Sport Performance Training's facilities	, <u>-</u>			ublicize Axis
I hereby acknowledge that the use of exerce machines, and participation in vigorous phe dangerous and may lead to serious injury successors and assigns, assume all risk of sharmless Axis Sport Performance Training representatives, successors and assigns from kind arising out of my participation in Axi failure, negligence on the part of Axis Sport I	ysical activity including or even death, and I, f uch consequences, and d ng, LLC, its present, for any and all actions, cause is Sport Performance Tra	speed and agility for myself and no o hereby remise, ormer, and subse is of action, claims ining's programs,	y training and comy heirs, executed release, acquit, equent officers, s, demands, liabil whether arising	onditioning, can be ors, administrators, discharge and hold employees, agents, ities, or suits of any
To my knowledge, condition that would prevent him/her from preformance Training, LLC.	(participant participating in a speed, st	s name) does not rength, and condi	have any physic tioning program	al or mental with Axis Sport
Athletes Name (please print)	Parents Na	me (please print	)	
Signature (Parent must sign if athlete is under age 18)	Dat	e		