## **AXIS Waiver and Release Form**

Name:	Date of Birth:	Grade:	School:
Parent/Guardian Name (if under age 18):Phone: (H) (W)	Email: (Cell)		
Address:	City: High School	State:	Zip: _ Friend
or team where applicable) Coach	Other		
Please list sports/activities that you participate	e in:		
Please list any previous injury's or health con	cern's that could hinder your traini	ng:	
If you have been under the care of a Physical	Therapist, Orthopedic Doctor, or o	ther specialist, pl	ease indicate the reason for care
Training Goals:			
If you do <u>NOT</u> want your (or your of Sport Performance's facilities and s	/ <b>=</b>		designed to publicize Axis
I hereby acknowledge that the use of exmachines, and participation in vigorou dangerous and may lead to serious inj successors and assigns, assume all risk harmless Benchmark Training LLC, Demployees, agents, representatives, succeiabilities, or suits of any kind arising out of mechanical failure, negligence or	s physical activity including spury or even death, and I, for of such consequences, and do BA Axis Sport Performance, cessors and assigns from any aut of my participation in Axis	peed and agility myself and m hereby remise, its present, f and all actions, Sport Perform	y training and conditioning, can y heirs, executors, administrato release, acquit, discharge and ho former, and subsequent office causes of action, claims, demandance's programs, whether arisi
To my knowledge, condition that would prevent him/her from Performance.	(participant's r m participating in a speed, stren	name) does not a negth, and condit	have any physical or mental ioning program with Axis Sport
Athletes Name (please print)	Parents Name	(please print)	
Signature (Parent must sign if athlete is under age 18)	Date		