

Sports With Extreme Athletic Training
S.W.E.A.T.
Team Training Release form

Buyer's Last Name	First	Date of Birth	Phone :	Email Address:
Street Address		City	State	Zip
In case of emergency, call:		Phone:		

"I, (*Print name below if you agree*) have enrolled in the personalized health and fitness program offered through Sports with Extreme Athletic Training. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Sports with Extreme Athletic Training."

"In consideration of my participation in this program, I, (*Print initials below if you agree*), hereby release Sports with Extreme Athletic Training and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment." "I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, (*check box below if you agree*), hereby release Sports With Extreme Athletic Training its agents and locations that Sports With Extreme Athletic Training are held at from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death." "I understand that all sale are final and any refunds will be in the form of credit for future services."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Print Name of Participant	Print Initials	Check Box (paid)	Sign Name (Parent, Guardian) if under 16 years of age.