

Parisi Office Use Only

_____	_____	_____	_____
Date of Inquiry	Employee Name	Orientation / Demo Class Date	Evaluation Date

Contact Information

Parents Name _____	Home Phone _____
Athletes Name _____	Work Phone _____
Address _____	Cell Phone _____
	e-mail _____
City _____	Athlete's DOB _____
State _____	Athletes Age _____
Zip _____	Athletes Grade _____

How did you hear about us?

Newspaper Ad _____	Postcard _____	Coach Referral _____	Special Event / Other _____
TV Commercial _____	Newsletter _____	Athlete Referral _____	_____
Health Club Referral _____	Word of Mouth _____	Coach's Name _____	
Camp _____	Website _____	Athlete's Name _____	

Athlete Sports

(please number in order the sports you or your athlete participates in or would like to participate in. Your favorite sport should be marked as number 1)

Baseball _____	Golf _____	Soccer _____	Track Event(s) _____
Basketball _____	Gymnastics _____	Softball _____	Volleyball _____
Field Hockey _____	Hockey _____	Swimming _____	Wrestling _____
Football _____	Lacrosse _____	Tennis _____	Other _____

Athlete's Team of 1st Sport _____	Athlete's Coach of 1st Sport _____
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Screener

1) Has your son / daughter recently suffered any injuries? _____

2) What are your son's / daughter's goals? _____

3) What made you call or stop by today? _____

4) Why is this important to you? _____

5) Why do you think this is important to your child / athlete? _____

Is there anything else we should know about your child?



Standard Medical Release

I, _____ residing at _____ State of _____ acknowledge that I, individually, have voluntarily applied to participate in the Parisi Speed School training program. I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to me and my child are greater than the risk assumed.

I am aware that although The Parisi Speed School Franchise, its subsidiaries, Speed School Franchisor and parent companies, its officers, directors, owners and/or employees make reasonable efforts to make each athlete's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that an athlete, when training, through no fault of his own, his trainer(s) or the facility may become injured for a variety reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of The Parisi Speed School's facilities or instruction. I further represent that I carry full and complete medical insurance coverage. I acknowledge that the Parisi Speed School has not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by The Parisi Speed School to participate its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that The Parisi Speed School, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to hold The Speed Parisi School Franchise harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of the Parisi Speed School Franchise, Parisi Speed School Franchisor its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

Athlete's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____

Promotional Release

In additional consideration of being permitted by The Parisi Speed School to participate in its training program and to use its facilities, I hereby permit The Parisi Speed School to use my name, image and likeness for promotional purposes limited to its athletic training programs and facilities. The Parisi Speed School's promotional mediums include but are not limited to print, radio, video, television and the Internet.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Athlete's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participate in any/all services offered by LiveFIT Perrysburg, LLC, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of any of the above mentioned entities or individuals, or otherwise, while participating in such activities, or while in, on or upon the premises where the activities are being conducted.

It is understood that these activities involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. I hereby elect to voluntarily participate in said activities with full knowledge that said activities may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees OR OTHERWISE.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activities, WHETHER CAUSED BY THE NEGLIGENCE OF LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees OR OTHERWISE. I understand that no medical insurance is provided.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

PARTICIPANT

Signature

Printed Name

Date

Parent/ Guardian Signature

Parent/Guardian Printed Name

Date