

Personal Information

Name: _____ **Date of Birth:** _____

Address: _____ **Phone # ()** _____

Email address: _____

In case of emergency, I would like you to Call: _____

Phone# () _____ **Work phone # ()** _____

This person is my: (parent, friend, spouse, etc.): _____

WAIVER AND RELEASE OF LIABILITY

**Tillman Physical Therapy & Sports Training Center, Inc.
Db a CrossFit Cedar Park
2519 S. Lakeline Blvd. Suite 100
Cedar Park, Texas 78613**

EXPRESS ASSUMPTION OF RISK: I, the undersigned (sometimes referred to as "Participant"), am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

Initials:

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at Tillman Physical Therapy & Sports Training Center, Inc. or which may result while participating in any activity under the direction of any representative of Tillman Physical Therapy & Sports Training Center, Inc. **I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.**

Initials:

EXERCISE MAY BE STRENUOUS. SEE A DOCTOR BEFORE STARTING ANY EXERCISE PROGRAM.

Participant understands that the activities available at Tillman Physical Therapy & Sports Training Center, Inc. may involve strenuous physical activity and that a medical check-up is advisable before participating in any fitness program. The undersigned further understands that neither the owners nor employees of Tillman Physical Therapy & Sports Training Center, Inc., are medical doctors and therefore, Participant should see a medical doctor of his/her own choosing before participating in any fitness program. The undersigned recognizes, appreciates and understands the danger of physical stress, strain or injury (including but not limited to, cardiac arrest, stroke, changes in blood pressure, muscle strains, sprains and ligament and/or tendon damage and other physical problems that may arise) that may result from any activity that requires physical exertion and accepts these risks.

Initials:

RELEASE: In consideration of the above mentioned risks and hazards and in consideration of the fact that Participant is willingly and voluntarily participating in the activities available at Tillman Physical Therapy & Sports Training Center, Inc, the undersigned hereby release Tillman Physical Therapy & Sports Training Center, Inc, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in these activities, including those allegedly attributed to the negligent acts or omissions of the above-mentioned parties.

Initials:

THIS RELEASE IS BINDING ON SUCCESSORS: This agreement shall be binding upon me, my successors,

representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

Initials:

NOTICE TO PARENT SIGNING FOR CHILD REGARDING FIRST AID: If I am signing on behalf of a minor child, I also give full permission for any person connected with Tillman Physical Therapy & Sports Training Center, Inc, to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initials:

INDEMNIFICATION: Participant accepts financial responsibility for any injury that Participant may cause either to him/herself or to any other person or property due to his/her negligence. Should Tillman Physical Therapy & Sports Training Center, Inc., its employees, owners, principals, officers, agents, volunteers, interns or representatives be required to incur attorney's fees and costs to enforce this agreement, Participant agrees to reimburse them for such fees and costs and further agrees to indemnify and hold harmless Tillman Physical Therapy & Sports Training Center, Inc, their employees, owners, principals, officers, agents, volunteers, interns or representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act(s) or omission(s) while participating in activities offered by Tillman Physical Therapy & Sports Training Center, Inc.

Initials:

USE OF LIKENESS BY TILLMAN: Participant releases the use of his/her image and/or likeness for use in video, print, electronic or any other media format known or which may be developed for use in advertising, marketing or other promotion by Tillman Physical Therapy & Sports Training Center, Inc.

Initials: _____

DISCONTINUING MEMBERSHIP/PARTICIPATION: If participant discontinues their membership and continues to use the facilities and/or renews participation with The Clinic, this Release will remain in full force and effect.

Initials: _____

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing this document, I am obligated to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of Participant:

Date:

If Participant is under the age of 18:

Signature of Parent or Guardian:

Date:

(Parent/Guardian) Print Name: _____