

## 501 W. Fabyan Parkway, Batavia, IL 60510 630-406-9700 proforcetraining@comcast.net

DATE

## CLIENT WAIVER AND RELEASE OF LIABILITY

Name:Sch	nool Grade Age	Sport(s) Played	
Address:	City	IL Zip	
E-Mail:		Trainee Cell #:	
Parent/Guardian Name(s):		Parent Cell #:	
Parent E-Mail:			
		<u>s</u>	
This Waiver and Release of Liability by Parent	of Athlete ("Waiver and Release") is executed by		
("Parent(s Athlete's participation in certain sports training these activities and in connection therewith, Pa	)") the parent or legal guardian of g services provided by PROFORCE TRAINING LLC rent and Athlete hereby agree as follows:	("Athlete") in connection with C ("PROFORCE"). Athlete will voluntarily participate in	
1. Waiver and Release of Liability. In consideration of PROFORCE allowing Athle discharges and covenant not to sue and, indemendation, lawsuits, damages and liabilities, of everarising from or in any way related to Athlete's PROFORCE, including claims resulting from or gym hours when a trainer is not present. This w	ete to participate in certain sports training activities I nify, hold harmless and forever discharge PROFORO dassigns, of and from any and all present or future cry kind and nature, whether known or unknown, in laparticipation in any of the events or activities conductor for negligence, both present and future. This includativer of liability does not apply to any acts of gross in	Parent, on behalf of Athlete, and Athlete hereby releases, CE and its members, principals, agents, teachers, laims, demands, debts, contracts, expenses, causes of aw or equity, that Parent or Athlete ever had or may have, ted by, on the premises of, or for the benefit of, des any activity done on PROFORCE property during openegligence, or intentional, willful or wanton misconduct.	
2. Risks and Dangers. Parent and Athlete fully understand and agree tinjuries, including bodily injury, permanent distribute activities but les from their current sixth and the activities but les from their current sixth	that the activities that Athlete will participate in are inability and death, and severe social and economic logacity and participate as well as from the actions as	nherently dangerous and may cause serious or grievous so which might result not only from the inherent dangers of actions and negligence of others, or the condition of the the danger involved and hereby agrees to accept any and ries and death sustained by Athlete or any property, that training activities. This includes any activity done on	
0 D		the that Athlete is physically capable of participating in the hat Athlete is physically capable and has the necessary and a capable as noted below. This includes any activity done of the participating activities is expressly made a part of y believe conditions to be unsafe, they will immediately wity.	
4. Miscellaneous Provisions. a. This Waiver and Release contains the entire the subject matter of this Waiver and Release. Only upon the prior written consent of all partie b. The provision of this Waiver and Release wor for the benefit of, PROFORCE whether by a Parent and Athlete have read, understand and fithis Waiver and Release Parent and Athlete have under no duress or threat of dures, without indexical contents.	e agreement between the parties, and supercedes any The provisions of this Waiver and Release may be well as the parties of the provisions of this Waiver and Release may be well continue in full force and effect even after the ter greement, by operation of law, or otherwise. Utly agree to the terms of this Waiver and Release. Provided the promise or guarantee being communicated the promise or guarantee being communicated.	prior written or oral agreements between them concerning aived, altered, amended or repealed, in whole or in part, mination of the activities conducted by, on the premises of arent and Athlete understand and confirm that by signing and Athlete have signed this Agreement freely, voluntarily, to me. Parent and Athlete acknowledge that they had a lain to them the full meaning of this waiver and release signature is proof of intention to execute a complete and	
conditions, I, on behalf of said ATHLETE, am	prohibiting involvements in the following specific ac	E to disclose these conditions to a physician or other ted Activities: As a result of the above-mentioned medical civities: LIST HERE. IF NONE, LEAVE BLANK	
I understand the appointments will begin and et cause to extend provided service beyond the refifteen (15) minutes or more late, my session cathour unless otherwise stated. I acknowledge the understand that there are no half or split session expenses on each session. Therefore, I (we) agreen services until payment for those services is paid photography of me, for PR, promotional use, expanding and medium. I hereby warrant that I are to contract for the minor. I hereby release ProFrelease ProForce Training and assignees from a	nd as scheduled. I acknowledge that any delays to the mainder of the scheduled time. I will not expect or as an be cancelled and I will be charged for that session at a delay to a scheduled session cannot change the seasons because of any delay. I (we) acknowledge that me ree to pay for sessions in advance and that Proforce di in full by the member. I grant ProForce Training LI ditorial, trade, advertising for ProForce and ProForce or of full age and have the right to contract in my name force Training and assignees from all claims and liabilated lealing and liability relating to said paragraph.	e start of an appointment (caused by me) will not be a sk my trainer to run overtime. I understand that if I am . I understand that sessions will run approximately one ession status to anything else except a whole session. I mbers are receiving services for which Proforce must pay esserves the right, and I (we) authorize Proforce to suspend LC the unrestricted right to use and publish videos and e projects, books, lecture slide show and website in any le. In the case of a minor, I warrant that I have every right elity relating to said photographs and videos. I hereby	
Athlete Signature	Printed Name:	Date:	
Parent Signature	Printed Name:	Date:	