

GUEST WORKOUT RELEASE FORM



DATE _____

NAME _____ PHONE _____

EMAIL ADDRESS _____

GUEST OF: (MEMBER'S NAME) _____

ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

I, _____ (Parent/Participant) am aware that participation in a sport, physical exercise, or screening procedures may result in accidents or injury and I, therefore, assume the risk connected with the aforementioned activities and represent that I am in good health and suffer from no physical impairment which would limit my participation in a team training program. _____(initials) I acknowledge that Sports Conditioning and Rehabilitation (SCAR), will not render any medical services including medical diagnosis of my physical condition. It is further agreed that all exercises including the use of weights, number of repetitions, and use of any and all equipment, and apparatus designed for exercising shall be at my sole risk. Notwithstanding any consultation on exercise programs which may be provided by any employee of SCAR, it is hereby understood that the selections of exercise programs, methods and types of equipment shall be my, as a willing participant, entire responsibility, and SCAR, its representatives, agents and successors shall not be liable to me for any claims, demands injuries, damages, or actions arising on account of death or due to injury to me or property arising out of or in connection with the use of services of programs provided by SCAR.

I understand and hereby agree to the information presented above.

Participant Name _____ DATE _____

Signature of parent/guardian if participant is under 18 years old DATE _____