ADAPT TRAINING

INTAKE & WAIVER

Name: _____ Date: _____
First Last

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____ Date of Birth: _____ Sex: M / F

Referred By: _____ Occupation: _____

Hobbies/Sports: _____

Current Activity Level: (1=low, 10 = high): 1 2 3 4 5 6 7 8 9 10

Primary Physical Goals: _____

_____

Surgeries/Hospitalizations/Medications: _____

Injuries/Symptoms/Concerns: _____

1. I, _____ (name of participant), acknowledge that I have voluntarily elected to participate in ADAPT workouts and exercise routines operated by ADAPT.
2. I am aware that participation in the routines will require me to engage in many vigorous physical activities. I am voluntarily participating in these activities with the knowledge that there are possible risks involved. I hereby assume all risks and hazards incidental to such participation and agree to accept any and all risks of injury and/or death as a result of my participation in these routines.
3. (IF PARTICIPANT IS A MINOR) I, the parent/legal guardian of the Participant, hereby grant permission to the employees and/or representatives of ADAPT to authorize and obtain medical care for the Participant from any licensed physician, hospital, or medical clinic should the Participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment. I also hereby assume all risks and hazards incidental to participation at ADAPT and agree to accept any and all risks of injury and/or death as a result of the Participant's involvement in these routines.
4. I have carefully read this agreement before executing it and acknowledge that I am signing this agreement voluntarily and with the full intent of releasing ADAPT from any and all claims arising as a result of my participation in the routines.
5. I hereby grant ADAPT permission to use my likeness in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by ADAPT, in perpetuity, and for other use by ADAPT. I will make no monetary or other claim against ADAPT for the use of my likeness.
If you wish to opt out, please initial here _____
6. By signing below I understand and agree that I am responsible for payments to ADAPT for charges to my account. All sales of product and merchandise are final.

Executed on (date) _____

_____ _____
PRINTED NAME OF PARTICIPANT SIGNATURE OF PARTICIPANT

_____ _____
PRINTED NAME OF PARTICIPANT'S GUARDIAN (if under 18) SIGNATURE OF GUARDIAN