



PRECISION ATHLETICS INTAKE FORM

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ D.O.B \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Injuries (Past or Present):

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Allergies/Medications:

\_\_\_\_\_  
\_\_\_\_\_

Current Activities:

\_\_\_\_\_

PRECISION ATHLETICS INC. WAIVER AND RELEASE OF LIABILITY FORM

In CONSIDERATION of being permitted to participate in activities offered by Precision Athletics Inc., I ACKNOWLEDGE AND AGREE that:

- 1) I understand that the activities, in which I will participate, are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death.
- 2) On behalf of myself, my heirs, assigns, administrators, executors and next of kin, I waive all claims for damages, injuries and death sustained to me or my property, that I may have against PRECISION ATHLETICS INC ("Precision") to such activity, including tort, contract, equity or otherwise.
- 3) In FURTHER CONSIDERATION of being permitted to participate in activities offered by Precision, I KNOWINGLY, VOLUNTARILY, EXPRESSLY WAIVE ANY AND ALL CLAIMS I MAY HAVE AGAINST Precision for injuries or damages that I may sustain from any act or omission, negligent, or otherwise by all employees, contractors, or volunteers of Precision.
- 4) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activities offered by Precision. I represent and warrant that I am physically fit and have no medical condition which would prevent me from participating in activities with Precision.
- 5) I acknowledge that I have been instructed that it is my responsibility to contact a physician right away if I feel tired, feel pain or feel out of the ordinary in any way related to my training, participation in activities with Precision, or otherwise.
- 6) This WAIVER AND RELEASE supersedes any prior written or oral agreements concerning this subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may only be waived, altered, amended or repealed, in whole or in part, upon the written consent of all parties.
- 7) The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by Precision, whether by agreement, by operation of law, or otherwise.
- 8) I have read, understand, and fully agree to the terms of this WAIVER AND RELEASE . I understand and confirm that by signing this WAIVER AND RELEASE I have given Precision considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement , promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

X \_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Name of Participant

Date Signed \_\_\_\_\_

Witness \_\_\_\_\_