

**Section One: Athlete Intake**

*Please print clearly*

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

City: \_\_\_\_\_ Email address: (please print clearly) \_\_\_\_\_

***Medical Information:***

Date of Birth: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: 1. \_\_\_\_\_ Phone: \_\_\_\_\_ Contact 2. \_\_\_\_\_ Phone: \_\_\_\_\_

Injuries: (past or present) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Please make sure you complete the Par-Q on page 2

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**Section Two: Agreement and Release of Liability Form**

1. To gain membership or participate in the activities and or programs of **TNT Training** and to use these facilities, equipment and machinery, I do hereby waive, release and forever discharge **TNT Training** and its officers, agents, employees, representatives and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in activities and or programs in the above mentioned said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf.

(Athlete Initial \_\_\_\_\_) (Parent Initial, if a minor \_\_\_\_\_)

2. I understand and am aware of the strength, feasibility, and cardio exercise, including use of the equipment is potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to assume and accept all risks of injury or death.

(Athlete Initial \_\_\_\_\_) (Parent Initial, if a minor \_\_\_\_\_)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness what would prevent my participation in any of the activities and programs of **TNT Training**. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity. I also acknowledge that I have a yearly or more frequent physical examination. I further acknowledge that I've received permission to participate, or that I have decided to participate in physical activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(Athlete Initial \_\_\_\_\_) (Parent Initial, if a minor \_\_\_\_\_)

**\*if participant/athlete is the age of a minor- parent or guardian signature is required**

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_