

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

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 _____

Owner: Tyler N. Taylor

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