

S3 Training Center
J. Robert Slade, C.S.C.S.

Medical Release/Informed Consent Form

I _____, am enrolled in a program of strenuous activity including, but not limited to weight training, plyometrics, skill training and various aerobic and anaerobic training offered by S3 Training Center. I hereby affirm that I am in good physical condition and do not suffer from any pre-existing condition or disability that would prevent or limit my participation in this training program.

I fully understand that the risk of injury from any form of physical training and conditioning is significant, and while policies & procedures, proper equipment maintenance and personal discipline may reduce this risk of serious injury still exists. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of S3 Training Center or others and assume full responsibility for any participation.

I hereby release S3 Training Center from an liability now or in the future including, but not limited to, heart attacks, muscle strains, muscle pulls or tears, broken bones, shin splints, heat prostration, knee/foot/ankle lower back injuries and any other illness, soreness or injury however caused, occurs during, or after my participation in any of the training programs.

I fully understand that I should be aware of any abnormal responses to training, including, but limited to, specific muscle fatigue, nausea, dizziness, and chest/heart tightness, during supervised training sessions and will notify my performance coach or staff member immediately. Any abnormalities will warrant an evaluation by medical professional and possible discontinuation of the training program.

I, for myself and on behalf of my heirs, assign, personal representatives and next of kin, hereby release and hold harmless S3 Training Center officers, officials, agents, and or employees, Other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers of premises used to conduct any associated event (releases), with respect to any and all injuries, disability, death or loss of damage to person or property, whether arising from the negligence of the releases or otherwise.

In addition, I authorize S3 Training Center to use proper judgment in providing medical treatment (i.e. CPR, first aid) for myself and or my child/children/dependent(s). Also, if needed, I authorize S3 Training Center to transport myself and or my child/children/dependent(s) to a hospital or medical institution for further medical treatment.

This Medical Release/informed Consent will be in effect during the entire duration of my involvement with S3 Training Center. This may include a cessation in periods in periods of Time that I may not be utilizing the facility. I agree to notify S3 Training Center of any medical circumstances, which have occurred during any cessation that may have an effect on my medical condition.

(OVER)

Please be advised, our services do not intend to replace the opinions of a medical doctor, Therefore S3 Training Center encourages all clients to contact his/her personal health care provider prior to the start of any physical activity or training program, at any time during your training program, and at any time you feel physical discomfort.

In the event any party to this Release brings suit to enforce or interpret any provision of the Release, or is required to defend any action or proceeding, the defense to which is based upon any provisions of the Release, the unsuccessful party agrees to pay the prevailing party the court costs and attorney's fees actually incurred by the successful party.

The parties and signatories hereto and each of them, agree and acknowledge that if any portion of this Release is declared invalid or unenforceable by a final judgment of any court or competent jurisdiction, such determination shall not affect the balance of this Release, which shall remain in full force and effect, as such invalid portion shall be deemed servile.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND REALTIZE I FORFEIT ST'BSTANTIAL PERSONAL RIGHTS BY SIGNING IT. I SIGN TT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Client Name (Please Print): _____

Client Signature: _____

Date: _____

FOR PARTICIPATION UNDER THE AGE OF 18 (AT THE TIME OF REGISTRATION)

This is to certify, that I, as a parent/guardian with legal responsibility, for this participant do consent and agree to his/her release as provided above of all releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor childs/dependents involvement or participation in these programs as provide above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Please Fill Out Completely
Must Be Completed Prior to Work-Out

Sport, Speed & Strength Athletic Club
Health History Profile

Name: _____ D.O.B.: _____

Permanent Address: _____

State: _____ Apt.#: _____ City/Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Guardian: _____

Medical History

Date of last medical physical exam (Please explain results below): _____

_____ No Problems

_____ Minor Problem

_____ Serious Problem: _____

Have you ever been diagnosed or tested for any of the following problems: (If yes, explain)

_____ Chest Pain: _____ _____ Back Pain: _____

_____ Abdominal Pain: _____ _____ Other: _____

Are you under a doctor's care for any physical reason? _____ Yes _____ No

If yes, please explain: _____

Do you know of any physical condition you have which could be aggravated by exercising or exerting yourself?

_____ Yes _____ No If yes, please explain: _____

Are you taking any medication which may cause a reaction during exercise?

Yes No If yes, Please explain: _____

Does your doctor object, or do you have any reason to believe he/she might object to your exercising at the club?

Yes No If yes, Please explain: _____

Is there anything the staff should know about your physical condition that would help us should you have a physical problem while at the club? Yes No

If yes, Please explain: _____