



# Contact Information

**Personal Information:**

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First Name	Last Name	Middle
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Date of Birth	Age
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**Contact Information:**

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Address	City	State
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Phone	Alt/ Phone	Email
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**Emergency Contact & Medical Information:**

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First Name	Last Name	Relationship
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Phone	Alt/ Phone
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First Name	Last Name	Relationship
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Phone	Alt/ Phone
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**Medical Condition(s):**

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**List any allergies and/ or Medication(s):**

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# Waiver, Release, and Assumption of Risk Form

This form is an important legal document. It explains the risks you are assuming by participation in an exercise program. It is important that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

## Waiver, Informed Consent, and Covenant Not to Sue

I, \_\_\_\_\_, have volunteered to participate in a physical competition under the direction of Toa Strength, which will include, but may not be limited to, weight and/or resistance training. In consideration of the Toa Strength's agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Toa Strength, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

## Assumption of Risk

I, \_\_\_\_\_, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Toa Strength, or OTHERS REFERRED TO IN THIS DOCUMENT FOR ANY NEGLIGENCE OR THAT OF OUR EMPLOYEES, AGENTS, OR CONTRACTORS.

## Photography and Audio/Video Recording

**I hereby give Toa Strength permission to videotape, photograph, and record my image and or likeness. I understand that such taping or recording may be used at the sole discretion of Toa Strength. I also understand by giving permission is in no way an endorsement of Toa Strength or any product(s) distributed by Toa Strength.**

\_\_\_\_\_  
Participant's signature (parent/guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name