



Oxford High School Cheer 2017 Sideline Season

Participant's Name _____ Age _____

Address _____

Phone _____ Email _____

Emergency Contact _____ Ph # _____

Medical History (meds, allergies, etc) _____

PARTICIPATION RELEASE AND WAIVER

I hereby stipulate and agree as follows:

I realize the risks of a fitness/exercise program, and I am fully aware of the possibility of personal injury. I voluntarily assume any and all risk of loss, damage, or injury whatsoever and waive any liability from my participation in Powerhouse Gym Lake Orion Sports Performance Training/NXT training program. I also voluntarily waive the right to institute any legal action or make any claim against Powerhouse Gym Orion/NXT Training Center Orion, a Michigan corporation, or against any location in which the program takes place, whether it be litigation, mediation, arbitration, or any other means of dispute resolution, as a result of my/or the participant's participation in this activity. I hereby RELEASE and HOLD HARMLESS Powerhouse Gym Orion/NXT Training Center, its officers, directors, employees, independent contractors, subcontractors, agents, legal representatives, and insurers from any liability for injury, loss, or claim arising from any negligence or action, including, but not limited to, any defective and potentially dangerous equipment or conditions. The participant is physically sound and has medical approval to participate in an exercise program. I as a parent or legal guardian of the above participant take full and unconditional responsibility for the participation of the underage dependent.

I have carefully read this "Participation Release and Waiver" and fully understand that it is a full and complete release of liability. By signing this release, I acknowledge that I understand and agree with its content.

*Program payment is non-refundable or transferable.

All exercises shall be undertaken solely at their own risk. The participant has no physical condition that would be aggravated by their involvement in a fitness program, and there are no physical limitations that would preclude said involvement. X _____, parent or guardian initial if participant is underage.

Parent Printed Name: _____ Date: _____

Parent Signature: _____