



Standard Medical Release

I, _____, residing at _____ in the state of _____, acknowledge that I, individually, have voluntarily applied to participate in the Academy 44 Fitness & Sports Training, training program. I acknowledge the risks and the potential risks of general fitness and athletic training. However, I feel that the possible benefits to me and/or my child(ren) are greater than the risk assumed.

I am aware that although the subsidiaries Academy 44, Academy 44 Fitness & Sports Training, the parent company Academy 44 LLC, its officers, directors, owners and/or employees make reasonable efforts to make each workout a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that a person, when exercising/training, through no fault of his own, his trainer(s) or the facility may become injured for a variety of reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of the Academy 44 Fitness & Sports Training facilities or instruction. I further represent that I carry full and complete medical insurance coverage. I acknowledge that the Academy 44 Fitness & Sports Training coaches have not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by the Academy 44 Fitness & Sports Training team to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of the Academy 44 Fitness & Sports Training Coaches, Academy 44 LLC, its employees, agents, servants, invitees, co-Clients, contractors, or sub-contractors, employees or otherwise.

Client/Guest/Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Promotional Release

In additional consideration of being permitted by Academy 44 Fitness & Sports Training to participate in its general exercise and/or training program and to use its facilities, I hereby permit Academy 44 Fitness & Sports Training to use my name, image and likeness for promotional purposes limited to its general exercise or athletic training programs and facilities. The Academy 44 Fitness & Sports Training promotional mediums include, but are not limited to print, radio, video, television, social media, and the Internet.

I acknowledge that I have read this release and waiver and fully understand its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Client/Guest/Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____