



# Waiver Form

## DEEP IMPACT PERFORMANCE TRAINING

Participant's Last Name \_\_\_\_\_ Participant's First Name \_\_\_\_\_ Birth Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Parent(s') First name \_\_\_\_\_ Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Medical History. You are responsible for fully disclosing your medical history before beginning any DIPT training program. If you answer "yes" to any of the following, you must seek medical approval and advice before you may begin such a program.**

- Yes  No 1. Do you have a history of heart trouble or any pains in heart or chest?
- Yes  No 2. Have you experienced any feeling faint or spells of severe dizziness?
- Yes  No 3. Do you have any muscle, joint, bone or back problems that are aggravated by exercise or that would be made worse with exercise?
- Yes  No 4. Do you have a history of high blood pressure?
- Yes  No 5. Is there any other physical reason that you should not participate in any of our programs?

**Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.**

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Deep Impact Performance Training from any and all liability resulting in injury associated with participant's participation in this program. I agree that pictures/videos taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Deep Impact Performance Training will not provide health and/or accident insurance for program participants. **As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given once the program begins.**

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_