Name: _____

Address: City: State/Zip: _____

Cell Phone #: _____

Email: _____

Drivers license Number_____

INFORMED CONSENT/ASSUMPTION OF RISK

I, _____, agree to participate in one or more physical fitness program(s)/class(es) sponsored by Alignment Performance Training which may include, but not necessarily be limited to, CrossFit Training, Crossfit Kids, and/or training of any kind by any affiliate, subsidiary or partnership of Alignment Performance Training. Alignment Performance Training Made me fully aware that the fitness programs/classes which Alignment Performance Training Offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to the following:

Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). Initials: _____

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Alignment Performance Training Programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by James Brown, Alignment Performance Training Informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. Alignment Performance Training Informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Alignment Performance Training Fitness programs/classes.

Initials:_____

Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by Alignment Performance, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Alignment Performance Training and its employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in Alignment Performance Training/fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with Alignment Performance Training to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initials:_____

Indemnification: I recognize that there is risk involved in the types of activities offered by Alignment Performance Training. Therefore I accept financial responsibility for any injury that I or the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Alignment Performance Training, their employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Alignment Performance Training.

Initials:_____

Photo permission. I agree that APT employees and volunteers may use pictures or film of me for advertising. I may opt out by notifying APT in writing.

Payment options

Single-class drop-in: $20. Pay via Venmo at https://venmo.com/u/Amal-Brown.

One-month pass: $325 for one month, with no ongoing commitment or automatic renewal.
Recurring membership: I commit to an initial three-month membership. After those three months, I may cancel by giving APT at least 30 days· written notice by email. To stop the next payment, I must email APT at least 30 days before that billing date. Any cancellation rights provided by law still apply.

Cancellation email: alignmentperformancetraining@gmail.com Member initials: _____

James Brown, Amal Brown

alignmentperformancetraining@gmail.com

559-723-6714

NAME :_____**DATE**:_____

Initials:_____

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

_____ ____/____/____
Participant's Name (please sign)

_____ ____/____/____
Legal Guardian (please sign)

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