

The *Ultimate Fit* Group Training Class

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Parent _____

School _____ Email _____

Sports _____ Phone# _____

How did you hear about Ultimate Athlete? _____

Any medical related conditions we need to be aware of?

Release

I, the undersigned patron of Ultimate Speed, Inc. hereby state and represent as follows:

1. I have no known medical problems that would preclude me from participation in the Ultimate Speed Inc. fitness program, and the information I have provided to Ultimate Speed Inc. regarding my medical history and physical condition is true and correct to the best of my knowledge.
2. To the event of physical injury resulting from my participation in the Ultimate Speed Inc. program, that no medical treatment or monetary compensation will be provided to me by Ultimate Speed Inc. and I will assume and pay, either personally or through my participation in the Ultimate Speed Inc.
3. I hereby agree to forever waive any and all claims that I may have against Ultimate Speed Inc. or its agents or employees as a result of my participation in the Program and to hold Ultimate Speed Inc. and its agents or assigns harmless from any claims resulting from my participation in the Ultimate Speed Inc. Program. This release shall be binding on my heirs, legal representatives, and assigns.
4. I have read this Release and the information provided to me by Ultimate Speed Inc. and understand that I am signing a complete release and bar to any claim resulting from my participation in the Ultimate Speed Inc. Program.

Date

Participant Signature

Parent or Guardian signature (if participant is under 18)