



Client Name _____

Legal Guardian Name _____

Address _____

City _____ State _____ Zip _____

Date Of Birth _____

Phone Number _____ Email _____

Known Injuries or Illness _____

Waiver/ Release

I, the above named/ undersigned client of ProFormance Therapy, hereby state and represent as follows: I understand the risks associated with my participation in ProFormance Therapy Sports Performance/ Training programs. I hereby assert that I have no known medical conditions that would preclude me from participating in ProFormance's Training programs. The information I have provided ProFormance with regarding my medical history and physical condition is true to the best of my knowledge.

I hereby agree to voluntarily assume all the foregoing risks with these training programs and accept sole responsibility for any injury (including personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that may be experienced/ incurred as a result of my attendance to these programs with ProFormance Therapy. I hereby release, covenant not to sue, discharge, and hold harmless ProFormance Therapy, its employees, agents, representatives, heirs from claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind which may arise as a result of my participation in ProFormance Therapy's sports performance/ training programs. This release shall be binding on my heirs, legal representatives, and assigns.

I have read and understand this release and the information provided to me by ProFormance Therapy and understand that I am signing a complete release to any claim resulting from my participation in ProFormance Therapy's sports performance/ training programs.

Participant Signature _____ Date _____

Legal Guardian Signature if participant under 18 _____