

# Total Training, Inc.

## Student/College Liability Release and Assumption of Risk Form

My participation at **Total Training, Inc.** is dependent upon approval following a thorough health and fitness assessment, orientation and possible clearance from my physician. I know all confidential information will remain confidential. I agree to follow all rules as instructed and posted. I attest and verify that I am capable to perform physical training and exercise and a licensed medical doctor has verified my physical condition.

The nature and scope of the use of any gym has been fully explained to me by **Total Training, Inc.** and **Coach Blanton**. I understand that there are risks and dangers associated with the use of such a facility. I understand that it is not the function of **Total Training, Inc., Coach Blanton and/or St. Christopher's School** to assure the safety of participants, and that each participant has the responsibility to exercise due care in the use of the facility for the safety of himself/herself and of the other participants.

I represent that I am above the age of consent or, if not, that my parent or guardian has executed this release on my behalf.

In consideration of the foregoing training and (me) (the participant's) being permitted to use **St. Christopher's facility**, I for myself, my heirs, executors, administrators, personal representatives, successors and assigns hereby waive and release **Total Training, Inc.**, its employees, affiliates, and sponsors, **Coach Blanton**, and **St. Christopher's School**, from any and all rights, claims and causes of action and hold them harmless against, and agree to indemnify them for any and all claims, demands, costs, charges, and expenses for any harm, injury, damage or loss which may be sustained by (me) (the participant) as a result of or relating to working out in the facility at **St. Christopher's School**.

In witness whereof, I have executed this liability release as my own free act on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

Parent or Guardian's  
Signature: \_\_\_\_\_

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Parent(s') First Name(s) \_\_\_\_\_

Parent(s') email  
Address(es): \_\_\_\_\_

Student's Name \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student's Age (12yrs+): \_\_\_\_\_

Sport(s) Participation: \_\_\_\_\_

School Currently Attending \_\_\_\_\_

If Middle School, which High School? \_\_\_\_\_

What is your reason for training with **Total Training Inc?** (i.e., goals, rehabilitation, etc.)  
\_\_\_\_\_

What is your primary goal?  
\_\_\_\_\_

What time frame do you have for achieving your primary goal?  
\_\_\_\_\_

How close to achieving your primary goal do you feel you are (current strength/power levels vs. needed optimal levels)?  
\_\_\_\_\_

How much time per week can you allow for strength and conditioning?  
\_\_\_\_\_

Do you have any health conditions or injuries that would affect or limit your training?  
\_\_\_\_\_

### Injuries

Please check any of the following injuries you have had, and specify which bone, muscle, joint, etc. and the year the injury occurred:

Broken bones \_\_\_\_\_

Ligament, tendon, or cartilage injury \_\_\_\_\_

Joint Injury or chronic pain \_\_\_\_\_

Back injury or chronic pain \_\_\_\_\_

Nerve entrapment (e.g. carpal tunnel syndrome) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Are you currently being treated for any of the above injuries?  Yes  No

If so, please specify the type of treatment. \_\_\_\_\_