



TIP TOP TRAINING & REHAB, P.C.

Information & Release Form

Please complete **both** sides and email to TipTop Training & Rehab, P.C. at:

Email: info@tiptoptraining.com

Participant's Name: _____ Date of Birth: _____

Sport(s) (if applicable) _____ Email: _____

Home (____) _____ Work: (____) _____ Cell: (____) _____

Street Address: _____

City _____ State _____ Zip _____

Parent/Guardian Name (if under 18): _____

Phone: Home (____) _____ Work: (____) _____ Cell: (____) _____

Email address : _____

Emergency Contact (if different from Parent/Guardian):

Name _____ Relationship: _____

Home (____) _____ Work: (____) _____ Cell: (____) _____

Is the participant cleared to participate in any strenuous activity, exercise or rehabilitation by a medical doctor? Yes _____ No _____

Does the participant have any medical restrictions on physical or rehabilitation? No _____
Yes _____ If so, please describe _____

How did you hear about us? Friend Coach Website Social Media Other _____

Publicity Release

As part of our program, we often videotape training sessions to help us in communicating technique and allow the clients to see how they are doing. From time to time, we put together some of those clips to be able to showcase the kind of training we do at Tip Top Training. Do you give permission to Tip Top Training to use you or your child's name, picture, statement, or video footage for the purpose of informing, promoting, or advertising the work that we do at Tip Top Training?

Tip Top Training & Rehab, P.C. • 2516 Waukegan Rd. Suite 158 • Glenview, IL 60025

Phone (847) 448-1333 • Email: info@tiptoptraining.com



Information & Release Form

This agreement is an important legal document. It explains the risks the Participant is assuming by beginning any program through TipTop Training & Rehab, P.C. or Hot Shots. It is critical that you read and understand it completely. After you have done so, please print your name legibly, where indicated, sign and date in the specified places below.

Waver, Informed Consent, and Covenant Not to Sue

I, _____, have willingly agreed to participate in a TipTop Training & Rehab program that may involve strenuous activities any of TipTop's programs which include but are not limited to, Speed & Agility Group Performance Training class, private sessions New You Adult Boot Camp, Division 1 Volleyball Club, all programs in conjunction with Hot Shots, soft tissue therapy, any form of rehabilitation, etc. In consideration of Tip Top Training agreement to instruct, assist, and train me or rehabilitate me, I do here and forever release and discharge and hereby hold harmless Tip Top Training and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

Assumption of Risk

I, _____, acknowledge that activities performed at TipTop Training & Rehab, P.C. might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heart-beat; heart attack; and in rare instances, death. I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. I recognize that an examination by my physician must be obtained prior to involvement in this exercise program. I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TipTop Training FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's Name

Participant's signature (parent/guardian if under 18)

Date

Please print name if parent and/or guardian

FOR OFFICE USE ONLY:

Approved by: _____

Date: _____