**Waiver of Liability and Damages**

This form has been drafted for the purpose of explaining the risks assumed by the participant in any physical training program. It explains the risks you are assuming by training (or having a minor train under your direction) at Powerhouse Training, LLC. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the space provided at the bottom. If anything is unclear please ask for assistance from a member of Powerhouse Training staff before signing. Your signature indicates that you fully understand and agree with the information stated below.

**Waiver and Covenant not to sue**

I/We have volunteered to participate in a program of ***physical exercise and specific individual sport training*** under the direction of Powerhouse Training, LLC, and Jonathan M. Davis, which may include, but not limited to, weight and/or resistance training, cardiovascular, flexibility, and specific sport related training. In consideration of Powerhouse Training’s, and Jonathan M. Davis’ agreement to instruct, assist, and train me, I do here and forever release and discharge and herby hold harmless, Powerhouse Training LLC, and Jonathan M. Davis, to include any trainer or intern employed by or contracted by Powerhouse Training LLC, from any claims, demands, damages, rights of action or program including any injuries resulting there from.

**Assumption of Risk**

I/We recognize that baseball, individual sport training and workout/training/conditioning presents inherent dangers that could result in serious injury. I acknowledge that sports can be unpredictable and an individuals’ safety often depends on their skill level. All participants/parents/legal guardians should inspect and evaluate the facility and all equipment being used. If at any time the participant/guardian feels the area and or equipment/space is unsafe they should immediately notify a member of Powerhouse Training’s staff and refuse to participate any further.

I understand that as a result of my participation in baseball (or any specified sport training) and related training, I could suffer an injury.

I recognize that all participants prior to involvement should obtain an examination by a physician in any exercise program. If I/We have chosen not to obtain a physician’s permission prior to beginning this exercise/sport training program with Jonathan M. Davis and Powerhouse Training, LLC, I hereby agree that I am doing so at my own risk. Jonathan M. Davis, or any representative of Powerhouse LLC, has the right to refuse to train any client, athlete, camp member if Physician forms have not been properly filled out and returned to Powerhouse Fitness Staff.

In any event, 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.

**Page of Acknowledgement**

**Participant Name; Please Print**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian name and signature if under 18**

**­­­­Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature if under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_