



WAIVER

ATHLETES NATION ONE

Tel: 780-919-4334

#117, 15 Circle Drive

St. Albert, AB T8N 3Y7

athletesnationone.com

Athlete Training Waiver Information:

PLEASE PRINT

FULL NAME _____ DATE OF BIRTH _____ / _____ / _____
DAY MONTH YEAR

SPORT/ACTIVITY _____ POSITION _____

PARENT / GUARDIAN NAME _____ () _____
CELL PHONE EMAIL

EMERGENCY CONTACT FULL NAME _____ () _____
PHONE

Team / Organization Waiver Information:

TEAM / ORGANIZATION NAME _____

COACH NAME (ACTING GUARDIAN FOR TEAM/ORGANIZATION) _____ () _____
CONTACT NUMBER

COACH EMAIL _____ AGE _____ GROUP _____ LEVEL _____

EMERGENCY CONTACT _____ () _____
PHONE

RELEASE OF LIABILITY

- In consideration of my/the minor's participation in any way in any Athletes Nation One referred to as ("AN One") is the Operating name of Sport Performance Training Inc. (SPTInc.) - Athletic Training Facility referred to as ("SPTInc."), activity ("ACTIVITY") I, for myself/the minor, my personal representatives, assigns, heirs, and next of kin: I/the minor FULLY UNDERSTAND and are aware that: (a) athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death ("RISKS"); (b) these Risks and dangers may be caused by my own/the minor's actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees"; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur/the minor incurs as a result of my/the minor's participation in the Activity. I hereby release, and forever discharge, and covenant not to sue AN One (SPTInc.), their parent, related, affiliated, and subsidiary companies, as well as the officers, directors, agents, attorneys, employees, contractors, representatives, successors and assigns of each of the foregoing entities AN One (SPTInc.) (Initials: _____)
- I do hereby further declare myself to be over the age of eighteen as of the date of signing this document, I/the minor am/is physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my/the minor's participation in these activities, whether or not the activities require the use of any equipment. I do hereby acknowledge that I have been informed of the need for a physician's approval for my/the minor's participation in the AN One (SPTInc.) activities. I acknowledge that either I/the minor have had a physical examination and have been given my/the minor's physician's permission to participate or I have decided to/or allow the minor to participate in the exercise activities, programs and use of equipment without the approval of my/the minor's physician and do hereby assume all responsibility for my/the minor's participation in said activities, programs and use of equipment. (Initials: _____)
- I/the minor understand that all information and services provided by An One (SPTInc.) employees and contractors is of a general nature and is provided for education purposes only. None of the information or services provided by the AN One (SPTInc.) employees and contractors is to be taken as medical or other health advice pertaining to any specific health or medical Condition I/the minor may have or have had. The information and services provided by the AN One (SPTInc.) employee and contractors is not a diagnosis, treatment plan, or recommendation for a particular course of action regarding my/the minor's health and is not intended to provide specific medical advice. (Initials: _____)
- I hereby authorize AN One (SPTInc.) to allow the reproduction, dissemination, and/or publication of my/the minor's name and/or likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films and/or video recording and understand that AN One (SPTInc.) retains title, exclusive and unlimited rights to all INTERNET streaming files including live and archived games, interviews, and events broadcast to the INTERNET. This is to be done in conjunctions with my/the minor's participation in the AN One (SPTInc.) events, and I understand and agree that I may neither pay a fee to receive individual promotion consideration from my/the minor's participation in this event, nor will I/the minor receive any payment for the possible commercial use of my/the minor's participation in this event, nor will I/the minor receive any payment for the possible commercial use of my/the minor's name or likeness. By initialing I also agree to receive periodic emails from AN One (SPTInc.) (Initials: _____)

ATHLETE / PARENT GUARDIAN

DATE _____ / _____ / _____
DAY MONTH YEAR

NAME: _____
PRINT

SIGNATURE: _____
(PARENT/GUARDIAN signature if athlete is under 18 years of age)

COACH & ACTING GUARDIAN

(In the case of a group/team or individual members of team whom do not have signed individual waivers) As the coach or representative of the team or organization, I hereby acknowledge that I am assuming the role as 'Acting Guardian' for all the members of our team or organization whom do not have signed individual waivers on file with An One / Sport Performance Training Inc., and assume all of the legal responsibilities in which that entails.

DATE _____ / _____ / _____
DAY MONTH YEAR

NAME: _____
PRINT

SIGNATURE: _____
(COACH / ACTING GUARDIAN signature if athletes are under 18 years of age)