

# Take Your Game To The Next Level!

## Discover S.A.F.E. SPORTS!

### Youth Fitness Waiver

**This form is an important legal document. It explains the potential risk associated with an exercise program as it relates to your child. It is critical that you read and understand it completely. After you have done so, please print your name legibly and initial in the spaces provided and sign name at the bottom.**

#### Waiver and Covenant Not to Sue

I, \_\_\_\_\_, have volunteered to participate in a program of physical  
(Child's name)

exercise under the direction of Todd Dattoli of Peak Condition LLC & Andy Hess of Yorkshire Physical Therapy which will include, but may not be limited to, weight (resistance)training, assorted games, movement, flexibility and other assorted exercise skills and drills (i.e. jumping, running, skipping, hopping, throwing, rolling, bouncing, ect) . In consideration of Peak Condition LLC & Todd Dattoli's & Yorkshire Physical Therapy & Andy Hess' agreement to instruct, assist, and train\_\_\_\_\_, I do here and forever release and discharge and hereby hold harmless Todd Dattoli & Peak Condition LLC & Andy Hess & Yorkshire Physical Therapy and Todd Dattoli's & Andy Hess' 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. \_\_\_\_\_ (Parent or Guardian Initials)

#### Assumption of Risk

I, \_\_\_\_\_, recognize that exercise might be difficult and strenuous and  
(Child's name)

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, but are not limited to, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in extremely rare instances, death. \_\_\_\_\_ (Parent or Guardian Initials)

I understand that as a result of my participation in an exercise program, my child could suffer any injury or physical disorder that could result in becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. \_\_\_\_\_ (Parent or Guardian Initials)

I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Peak Condition LLC & Yorkshire Physical Therapy, I hereby agree that I am doing so at my own risk. \_\_\_\_\_ (Parent or Guardian Initials)

In all cases, circumstances, situations, events and locations, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which my child participates. \_\_\_\_\_ (Parent/Guardian Initials)

I acknowledge and agree that no warranties or representations have been made to me or my child regarding the results I will achieve from this program. I understand that results are individual and may vary.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Parent or Guardian)

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Email Address