



Liability/Medical and Publicity Release Form

(parent or guardian if under 18 years) Name _____ hereby release and absolve Impact Performance Training, its subsidiaries, staff, employees, directors and presidents from all liability and responsibility for injuries, sickness, accidents, loss of money and property, that may be sustained whilst participating in an Impact Performance Training event, workout, workshop, camp or competition.

I also hereby acknowledge the risks involved when taking part in any physical or athletic activity, and have the necessary insurance to cover such, in the unlikely event of an injury, accident, or loss when taking part.

If filling this form out for a person under the age of 18 years of age, please confirm their full name below.

(The persons you are signing for if less than 18 years of age) Name: _____

In consideration of me signing this release form, I am allowing myself / my child to participate in an Impact Performance Training event and intend to be legally bound and agree to waive and release all right to claim for damages which I or my child may sustain or suffer whilst participating at the event, including traveling to and from the event.

I also confirm that I / my child have not been advised by a doctor or paramedic to avoid physical exercise and do not know of any problems that may adversely affect my/ their health when taking part at the event.

I also give permission for myself / my child to be photographed, video- or audio-taped during any of the Impact Performance Training events, and give permission for such photographs, video and audio tapes to be used in print or broadcast through any media which is deemed appropriate for the promotion of Impact Performance Training activities, promotions, and publicity.

Participants Details

Name _____
Address _____
City _____ Zip _____
Phone No _____
Cell No _____
Work No _____

Emergency Contact Details

Name _____
Relationship _____
Phone No _____
Cell No _____
Work No _____

Email: _____

I hereby agree with the above, and have read and fully understand these conditions and by signing, agree to accept them.

Signature _____ Date _____

Printed Name _____

Responsible party for the above named participant _____

Office Use Only:

Cash _____ Check _____ Credit _____ Plan _____ Date: _____