



Waiver and Release of Liability

Participant Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent or Guardian Name _____

Photography/Video Release

Participants involved in any activities offered by Rehab Plus may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the Rehab Plus website, social media, or in any editorial, promotional or advertising material produced and/or published by Rehab Plus.

Initials: _____

Waiver and Release of Liability

Express assumption of risk: I acknowledge and fully understand that I, the participant, (if participants is 18 years of age or older) or parent/legal guardian of the above listed minor participant, will be engaging in activities that may involve risk of serious injury which might result not only from my own actions, inactions, or negligence, but from the actions, inactions, or negligence of others or the conditions of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time. The risks may include, but are not limited to: nature of the activity, latent or apparent defects of conditions in equipment or property supplied by Rehab Plus or other entity; acts of other participants in this activity, employees or agents of Rehab Plus; my own physical condition, acts of omissions; conditions of Rehab Plus facility and surrounding grounds or terrain and accidents connected with their use; first aid emergency treatment or other services.

I am aware that any of these abovementioned risks may result in my serious injury or death. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of Rehab Plus. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initials: _____

Release: In consideration of the fact that I am willingly and voluntarily participating in the activities offered by Rehab Plus, I, the undersigned hereby release Rehab Plus, its officers, directors, shareholders, members, principals, agents, employees, affiliates and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with Rehab Plus to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well-being of the child.

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by Rehab Plus. Therefore, the participant accepts financial responsibility for any injury that the participant may cause either to himself/herself or to any other participant due to his/her negligence. Should the abovementioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Rehab Plus, its officers, directors, shareholders, members, principals, agents, employees, affiliates and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Rehab Plus.

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify

the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

I understand that by signing this form I am waiving valuable legal rights.

Signature of participant _____

Date _____

If the participant is **under** the age of **18**,

Signature of Parent/Guardian _____

Print Name _____ **Date** _____

PLEASE RETURN BY EMAIL: R.BARROWS@REHABPLUSAZ.COM or BY FAX (602) 955-2229.



Sports Performance Camp Credit Card Authorization

Participant(s) Name _____

Card Holder Name _____

Billing Address – Street _____

City _____ State _____ Zip Code _____

Credit Card#

Expiration Month/Year _____ CVV _____

Visa, Mastercard, & American Express Credit Cards gladly accepted.

I authorize Rehab Plus to charge to my credit card weekly for any balance incurred during that week.

Card Holder's Signature _____

Date _____