



## RELEASE/ASSUMPTION OF RISK AGREEMENT

In consideration of gaining access to participate in activities associated with NL Training, LLC, (d.b.a.Next Level Performance Training), I , \_\_\_\_\_ do hereby waive, release, and forever discharge Next Level Performance Training, and it's officers, agents, employees, represetatives, executors, and all others from any and all responsibilities or liabilities for injuries or damages resulting from my participation in any activities in said program \_\_\_\_\_ (Please initial)

I understand the policies and procedures set forth by Next Level Performance Training, and I have had the opportunity to discuss my specific needs in relation to participatory activity; and, as a result, I do voluntarily request the right to participate in this preventative program of exercise. \_\_\_\_\_ (Please initial)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most Specifically, I acknowledge the following areas:

- 1 The use of facility equipment
- 2 The performance of fitness-related evaluations to assess functional capacity
- 3 The participation in group activities related to exercise and activity
- 4 Incidents that occur within the institution, facility, locker room, dressing rooms, showers, and other areas associated with Next Level Performance Training

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with Next Level Performance Training. \_\_\_\_\_ (Please initial)

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of Next Level Performance Training.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Parent/Guardian Signature(if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's Printed Name