



Fitness Training Registration Form

(Please print clearly and all information is confidential)

SCHEDULE INFORMATION

Please enter your training time:
(please review the website options)

(circle one)

_____ AM PM Training Location: _____

PARTICIPANT INFORMATION

Name _____ Age _____ M F
(Last) (First) (Circle Gender)

DOB ____/____/____ Height _____ Weight _____ T Shirt Size _____

Address _____

City _____ State _____ Zip _____

Phone (H) (____) _____ - _____ (W) (____) _____ - _____ (C) (____) _____ - _____

E-Mail Address(es) _____

FITNESS/HEALTH INFORMATION

Please rate the following:

- | | | | | |
|-------------------------|-----------|------|------|------|
| 1. Your current health: | excellent | good | fair | poor |
| 2. Your fitness level: | excellent | good | fair | poor |

Please list:

Medical Conditions &/or Surgical History:

Fitness Goals:

*PLS recommends consulting your physician before beginning an exercise program

Mail completed forms and payment to:
P.O. Box 1998
Ridgeland, MS 39158

WAIVER & RELEASE OF LIABILITY

In consideration for the rights and privileges associated with my "participation in athletic strength and agility training by Next Level Sports LLC," I acknowledge and agree to be bound by the following:

1. **Indemnification of Risks.** I understand that participation in any athletic activity or other rigorous exercise, including but not limited to preparation for and participating in athletic strength and agility training ("the Activity"), involves risks of serious injury, including permanent disability, death, and other losses, both to me and my property. I understand that these injuries and losses might result not only from my actions, but the actions, inactions or negligence of others.
2. **Assumption of the Risks.** I agree that I am responsible for my safety while participating in the Activity and that such responsibility includes participating in the Activity only when I am both physically and psychologically prepared to participate safely. **I assume all risks connected with responsibility for any injury or loss connected with my participation in the Activity.**
3. **Waiver.** Aware of the risks and willing to assume them, I hereby **waive, release and hold harmless** Next Level Sports LLC and each of this organization's members, managers, employees, agents, coaches, trainers, volunteers, doctors, event organizers or sponsors, if any ("Releasees") from all claims by me for any liability, injury, loss or damage in any way connected with my participation in the Activity, except where caused by the gross negligence or willful or wanton misconduct of any of the Releasees. I intend for this Waiver and Release to also apply to any spouse, relatives, personal representative, heirs, beneficiaries, next of kin or assigns who might pursue any legal action or claim on my behalf.
4. **Insurance.** I understand that it is my sole responsibility to maintain adequate medical insurance and understand that Next Level Sports LLC is not responsible for and will not be providing this coverage for me.
5. **Physical Ability.** I understand that I will be participating in athletic strength and agility training under the guidance of Next Level Sports LLC. I declare that I have been examined by a licensed medical physician prior to my participation in the Activity and am aware of no physical limitations or adverse health risks associated with my participation in the Activity. I also declare that if I later become aware of any physical limitation or adverse health risks associated with my participation in the Activity, I will immediately cease participation and notify Paul Victor Lacoste of said condition.
6. **Use of Photographs/Videos Containing My Likeness.** I understand that throughout my participation in the Activity, photographs and/or videos will be taken which may include myself engaging in the performance of the Activity. I hereby authorize and allow any such photograph(s) and/or video(s) to be used by Next Level Sports LLC for any lawful purpose including, but not limited to, marketing, sales and merchandising.
7. **Acknowledgement of Limited Space.** I understand and acknowledge that each event conducted by Next Level Sports, LLC is limited to a specific number of participants in order to enhance each participant's overall experience. By signing up for this event I am occupying a space that could have been sold to another participant. I am therefore committed to paying for my space in full regardless of whether or not I complete the training. No circumstance, including but not limited to, injury, fatigue, and/or scheduling conflicts, will release me from my commitment to pay for my space. Payment for my space is non-refundable and my space is non-transferable.

I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND HAVING DONE SO I AM SIGNING IT VOLUNTARILY.

Athlete's Name: _____ **Athlete's Age:** _____

If athlete is **under the age of 21**, at least one parent or legal guardian must sign below.

This is to certify that, as parent/guardian of this participant, I do agree to be bound by each of the terms and conditions identified above and further consent to this participant's agreement to be bound by the above-identified terms.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Parent/Guardian Printed Name: _____ **Relationship:** _____

Athletes 21 or older only:

Athlete's Signature: _____ **Date:** ____/____/____