



Personal Information To be filled out by Parent/Guardian if athlete is not at least 18 years of age

LAST NAME: _____ FIRST NAME: _____ DOB: _____

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE: _____ EMAIL: _____

Athlete's School Name: _____ Grade: _____

AAU, CLUB, PROFESSIONAL TEAM NAME: _____

Emergency Contact: _____ Relationship: _____

Phone number(s) for contact: _____

Doctor's Name: _____ Doctor's Phone: _____

Social Media Info: _____

List any previous/current conditions/injuries:

Goals: What you would like to accomplish with ICONIC SPORT PERFORMANCE?

1. _____
2. _____
3. _____

RELEASE OF LIABILITY

I, _____, understand that participation in this program is on a voluntary basis, and acknowledge that Iconic Sport Performance, LLC will not accept responsibility for injuries sustained while participating in an exercise program supervised by a personal trainer. Every participant is strongly encouraged to carry his/her own insurance for any unforeseen accident(s). I, the participant (parent or guardian if a minor), have read and understand this statement and agree to notify Iconic Sport Performance, LLC if there is any change in my health during my participation in the program. Any information I have provided on this form is true, correct and complete to the best of my knowledge.

I understand that parts of Iconic Sport Performance, LLC activities may be physically demanding. I recognize the inherent risk of injury. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in any Iconic Sport Performance, LLC activity. I agree to hold harmless Iconic Sport Performance, LLC, its employees, staff, and volunteers from all claims, including bodily injury, that I may have on my behalf that may be sustained in connection with my participation in these physically demanding activities.

PHOTO/VIDEOTAPE RELEASE

I certify that my signature being affixed below on this consent form gives permission to Iconic Sport Performance, LLC the full right to use my photograph(s), videotaped image and sound byte in its marketing, public relations, promotional or instructional efforts. I willingly agreed to have my photograph(s), videotaped image, sound byte taken knowing that it could be used in various publications. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which may be applied.

MEDICAL RELEASE FOR TREATMENT

I authorize the designated employees of Iconic Sport Performance, LLC to authorize on my behalf all appropriate medical treatment that may be required in the event of illness or injury to me resulting in any manner from participating in this training program. This authority is intended to cover any illness or injury sustained while participating in any activity supervised by a personal trainer at Iconic Sport Performance, LLC.

RETURN/REFUND/MAKE-UP POLICIES

There are absolutely no refunds unless there are extenuating circumstances (i.e. Family Emergencies, Injuries, etc.). We expect you to complete your sessions each month and we look forward to motivating you to do so.

Date

Athlete/Guardian's Signature