



“Welcome to Your Foundation”

I, _____ residing at _____ State of _____ acknowledge that I, individually, have voluntarily applied to participate in the WF Athletics training program. I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to myself are greater than the risk assumed.

I am aware that although WF Athletics, its subsidiaries and parent companies (Woodfellas Fitness), its officers, directors, owners and/or employees make reasonable efforts to make each athlete’s training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity, especially at high levels of competition. I acknowledge that an athlete, when training, through no fault of his own, his trainer(s) or the facility may become injured for a variety reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of The WF Athletics facilities or instruction. I acknowledge that the WF Athletics has not and will not render any medical services including medical diagnosis of my physical condition.

Inconsideration of being permitted by WF Athletics to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter specifically agree that WF Athletics, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or without the club premises, and I agree to hold WF Athletics harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of WF Athletics, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

I hereby permit WF Athletics to use my name, image and likeness for promotional purposes limited to its athletic training programs and facilities. **I understand that my attendance is voluntary; however, I am expected to attend each assigned class/training session. My absence for any reason is not cause for a refund. I understand that I will be charged for every training session that I do not cancel at least twenty-four (24) hours prior to the appointed time. Training sessions cancelled within twenty-four (24) hour notice will be rescheduled at a later date (maximum of one (1) make-up per six (6) week session)**

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Athlete’s Signature: _____ Date: _____

Parent/Guardian’s Signature: _____ Date: _____