

LiteWeights Strength and Conditioning Health Questionnaire and Waiver Form

Please Complete the form below:

Athlete Name **DOB**

Parent/Guardian Name **Phone#**

Home Address **Email Address**

Primary Physician **Office#** **Date of last physical**

Please list any past or current injuries, allergies, or health issues:

Parent/Guardian Sign: _____ **Date** _____

Emergency Contact _____ **#** _____

Release of Liability: In consideration of Liteweights Inc. Strength and Conditioning Program and granting the athlete permission to participate. I hereby state that the Liteweights Inc. program and individuals representing Liteweights Inc. are not responsible for any preexisting injury or illness of the listed athlete. I further acknowledge and release Liteweights Inc., and all trainers from all liability including claims and suits at law of equity for injury that may result from the athlete taking part in the Liteweights Strength and Conditioning Program. Initial _____

I, as a parent or legal guardian acknowledge and fully understand that the participant will be engaging in activities that involve risk or serious and that there may be other risks not known or not reasonably for-seen at this time. I assume responsibility for any damages following such injury, permanent disability, or death. I hereby consent to said minor's participation and assume all the risks of his/her personal injury that may result from workouts. Initial _____

