Coach Andrea Tyndall, MPE
(619) 535-1WIN = (619)535-1946
Coach.Tyndall@ gmail.com
www.AthleticEvolutionSPT.com

CLIENT CONTACT INFORMATION, MEDICAL & ACTIVITY HISTORY,
POLICIES, AND WAIVER & RELEASE FORM

PARTICIPANT CONTACT INFORMATION

First Name: _____ Last Name:_____

Date of birth:_____ Academic Yr: _____(if applicable)

Address: _____ City: _____

State: _____ ZIP: _____

Contact number: (____)____-_____ Email address: _____

1yr Athletic/Fitness Goal :_____

Ultimate Athletic/Fitness Goal:_____

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Name (first, last): _____ Relationship: _____

Email: _____ Contact number: (____)_____-_____

Pay online via Venmo (CoachAndrea)
and scan/email form back to coach.tyndall@gmail.com.

PROGRAM: (check one)

___Athletic Development
___Sport Performance
___Functional Fitness
___Adult Performance
___Other:_____

PLAN/PACKAGE: (check one)

___ 15 Session ___ 18 Session ___ 24 Session

PRICING/PAYMENTS:

$_____ Price/purchase _____ Purchase Date

Plan/Package Date Range: 6/10-8/2/19 _____ Recurring charge dates (if applicable)

WAIVER & RELEASE FORM

Assumption of Risk for Participation in the Athletic Evolution, LLC.

Each participant in the program should realize that there are substantial risks, hazards, and danger inherent in such training. Each participant must be covered by an accident and health insurance policy. Because physical exercise can be strenuous and subject to risk of serious injury, Athletic Evolution, LLC urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity.

It is the responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparation, and training (as determined and instructed by the coach). Athletic Evolution, LLC does not warrant or guarantee in any respect the physical condition or any equipment used in connection with the activity. Therefore, in consideration of the benefits received from the program, the undersigned assumes all risks of damages or injury, including death, that may be sustained by him/her while participating in a exercise activity or in travel to or from such activity.

Release, Covenant Not to Sue, and Waiver

Physical activity involves an inherent risk of physical injury and the undersigned assumes all such risks. The undersigned hereby agrees that for the sole consideration of Andrea Tyndall allowing the undersigned to participate in a strength training program for which or in connection with which Athletic Evolution, LLC and Andrea Tyndall has made available any equipment, facilities, grounds, or personnel for such training, the undersigned does hereby release, covenant not to sue, and forever discharge Andrea Tyndall and her officers, agents, and employees of any and for all claims, demands, rights, and causes of action of whatever kind or nature including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in any way connected with such recreational programs and activities. The undersigned understands that this Release, Covenant Not to Sue, Waiver, and Assumption of Risk shall be effective from the date of signature until the effective termination of the training services by Athletic Evolution, LLC. By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above.

Photograph/Video Release

I grant to Athletic Evolution, its representatives and employees the right to take photographs of me and my property. I authorize Athletic Evolution, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Athletic Evolution may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Athlete/Client Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date:_____

Signature required if participant is 17 years old or younger.