



Athlete Profile & Release Form

Name: _____ Age: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell: _____ Email Address: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Sport(s) (if applicable): _____ Position(s): _____
 School: _____ Team/Club: _____

A. TRAINING GOALS

Top 3 Areas you are looking to improve: 1: _____ 2: _____ 3: _____
 Current Training Routine: _____ Days/Wk: _____

B. PAST INJURIES

| Injury | Details | Injury | Details |
|---|---------|---|---------|
| <input type="checkbox"/> Neck | _____ | <input type="checkbox"/> Knee | _____ |
| <input type="checkbox"/> Shoulder | _____ | <input type="checkbox"/> Lower leg | _____ |
| <input type="checkbox"/> Elbow | _____ | <input type="checkbox"/> Ankle | _____ |
| <input type="checkbox"/> Arm/wrist/hand | _____ | <input type="checkbox"/> Foot Muscle strains | _____ |
| <input type="checkbox"/> Rib cage | _____ | <input type="checkbox"/> Joint sprains (specific) | _____ |
| <input type="checkbox"/> Back | _____ | <input type="checkbox"/> Concussion(s) (#) | _____ |
| <input type="checkbox"/> Hip | _____ | <input type="checkbox"/> Skull fracture(s) (#) | _____ |
| <input type="checkbox"/> Thigh | _____ | | |

C. PAST ILLNESS OR MEDICAL CONDITIONS

Do you have, or have you ever had, any of the following conditions? If so, please check and provide date:

- | | | |
|---|-------|---|
| <input type="checkbox"/> Surgeries | _____ | <input type="checkbox"/> Any abnormal bleeding tendencies |
| <input type="checkbox"/> Confinement to hospital | _____ | <input type="checkbox"/> Any allergies |
| <input type="checkbox"/> Frequent headaches | _____ | <input type="checkbox"/> food |
| <input type="checkbox"/> Fainting spells or dizziness | _____ | <input type="checkbox"/> medication |
| <input type="checkbox"/> Epilepsy or convulsions | _____ | <input type="checkbox"/> skin |
| <input type="checkbox"/> Numbness or tingling | _____ | <input type="checkbox"/> asthma - exercised induced |
| <input type="checkbox"/> Nosebleeds | _____ | <input type="checkbox"/> Osgood-Schlatter's disease of the knee |
| <input type="checkbox"/> Difficulty hearing | _____ | <input type="checkbox"/> Hepatitis or jaundice |
| <input type="checkbox"/> Heart murmur | _____ | <input type="checkbox"/> Acquired Immune Deficiency Syndrome (AIDS) |
| <input type="checkbox"/> Arthritis | _____ | <input type="checkbox"/> Infectious mononucleosis |
| <input type="checkbox"/> Diabetes (type) | _____ | <input type="checkbox"/> Loss of or serious impairment of, a paired organ |

Anything not mentioned or explanation of something we should be aware of:

As used in this agreement, "Visitor" means the person considering becoming a client or visiting our facility to participate in a special event conducted there; "you" also means the Visitor, but includes the Responsible Party if the Visitor is less than 18 years old; the "Responsible Party" is the Visitor's parent or other adult who is legally responsible for the Visitor; and "we" means the ProSport franchisee that owns the facility. By signing below, you agree to all the terms and conditions in this agreement and certify that you have read the entire agreement, so please read it carefully.

1. Rules. The Visitor must follow all ProSport rules and regulations for using the facility as well as participating in off- site activities.

2. Damage to Facilities. You are liable for any damages that you or your guests cause to the facility or property on the premises.

3. Waiver and Release. Visitors and their guests assume all risk of personal injury, death, property loss, or other damages that may relate to attending or using the facility or participating in any of ProSport programs, activities, or special events. By assuming those risks you and your guests waive, and release, all claims you or your guests may have or may want to assert against ProSport, its affiliates (including ProSport Franchise Systems), affiliates' owners, officers, directors, managers, employees, agents, and representatives (the "ProSport Group") for any such personal injuries, death, property loss, or other damages connected to or arising out of any of the aforesaid risks. You and your guests release the ProSport Group from all claims, damages, demands, rights of action, causes of action, and liabilities, present or future known or unknown, anticipated or unanticipated, resulting from or arising out of the Visitor's and its guests' attendance at our use of our facility or their participation in any of our activities, programs, or special events, including, without limitation, those arising from our negligence or that of any other member of the ProSport Group. You and your guests also release all members of the ProSport Group from all liability relating to loss, theft, or damage to personal property- including, without limitation, automobiles and locker contents.

4. Visitor's Physical Fitness. You represent that the Visitor is physically fit to engage in the activities in which he or she participates in the facility. You are solely responsible for all health risks associated with those activities.

5. Arbitration. All disputes and legal claims that you and your guests may have with or against any member of the ProSport Group must be resolved through binding arbitration conducted by the American Arbitration Association.

6. Franchise. We have franchised the right to operate a ProSport business from Velocity Sports Performance Franchise Systems, LLC, our franchisor. We are, thus, an independently owned and operated business and not an agent, legal representative, subsidiary, joint venture, partner, employee, affiliate, or servant of Velocity Sports Performance Franchise Systems, LLC, for any purpose whatsoever. Accordingly, Velocity Sports Performance Franchise Systems, LLC, has no obligations or liabilities to you under this agreement or otherwise.

7. Miscellaneous. We do not honor any oral agreements made at the facility or over the phone that are contrary to the terms and conditions in this agreement. This contract constitutes the entire legal agreement pertaining to trial visits and any other matters herein discussed and supersedes any other promises, representations, or understandings of any kind, whether oral or written. No modifications or alterations to the terms or provisions hereof may be made by anyone unless such changes are expressly authorized in writing by one of our authorized personnel. If any provision of this agreement is contrary to, prohibited by, or considered invalid under applicable law, that provision is inapplicable and considered omitted to the extent it is contrary, prohibited, or invalid—but, in such event, the remainder of this agreement is not invalidated must be given full force and effect so far as possible. If any provision of this agreement may be construed in two or more ways, one of which renders the provision invalid or otherwise avoidable or unenforceable and another of which renders the provision valid and enforceable, the provision has the meaning that renders it valid and enforceable. We do not lose our right under this agreement if we delay in enforcing them or fail to enforce such rights.

(Signature) _____ (Print) _____

Parent Signature (if 18 or under) _____ Date _____