

ADAPT TRAINING
INFORMATION SHEET & WAIVER
Oregon Skating Council

Name: _____

Date: _____
 First Middle Last

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ Work
Phone: _____

Fax: _____

Email: _____

Emergency Contact: _____

Phone: _____

Date of Birth: ____/____/____ Sex: M F

Height: _____

Occupation: _____

Hobbies/Sports: _____

Current Activity Level (1=low, 10=high): 1 2 3 4 5 6 7 8 9 10

Past
injuries/surgeries: _____

Conditions that you are taking medications for:

How Did You Hear About
Us?: _____

1. I, _____ (name of Participant), acknowledge that I have voluntarily elected to participate in ADAPT Training exercise routines operated by ADAPT Training.
2. I AM AWARE THAT PARTICIPATION IN THE ROUTINES WILL REQUIRE ME TO ENGAGE IN MANY VIGOROUS PHYSICAL ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE THAT THERE ARE POSSIBLE RISKS INVOLVED. I HEREBY ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND/OR DEATH AS A RESULT OF MY PARTICIPATION IN THESE ROUTINES.
3. (IF PARTICIPANT IS A MINOR) I, the parent/legal guardian of the Participant hereby grants permission to the employees and or representatives of ADAPT Training to authorize and obtain medical care for the Participant from any licensed physician, hospital, or medical clinic should the Participant become injured or ill while participating in the routines, or at other times when neither parent or legal guardian is available to grant authorization for emergency treatment.
4. I HAVE CAREFULLY READ THIS AGREEMENT BEFORE EXECUTING IT AND ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT VOLUNTARILY AND WITH THE FULL INTENT OF RELEASING ADAPT Training FROM ANY AND ALL CLAIMS ARISING AS A RESULT OF MY PARTICIPATION IN THE ROUTINES.

Participant Signature: _____

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Legal Guardian Signature: _____

Date: