ATHLETIC PERFORMANCE

TRAINING CENTER

Summer Speed-Strength Camp Registration Form

Participant's Name: _____

Participant's Address: _____

_____

Grade (Fall 2025): _____ T-Shirt Size (Adult): S M L XL

Parent/Guardian: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

DATES OF ATTENDANCE: _____

Parent/Guardian Waiver Release Form

This form must be completed by the Parent or Guardian of any individual 18 years of age or younger, prior to participation in any activities administered by Athletic Performance Training Center (APTC). This Waiver Release Form is valid for one (1) year from the date of signature.

I agree that the participant named will be engaging in physical exercise involving various activities that could cause injury or death to him or her. I understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercise program or fitness related activity including colliding with other participants, colliding with equipment or structures, tripping, slipping, or falling. I understand that it is my obligation to inspect the activity area to make sure it meets with my approval in terms of an acceptable training environment. If, for any reason the training area does not meet, in my view, an acceptable standard, it is my right and obligation to decline to participate. I hereby agree to waive any claims or rights that I might otherwise have to sue APTC and its owner, coaches, instructors, facility, or location where the activity is taking place, for any injury or death that might occur. I understand that APTC, its owner, coaches, and instructors will make no evaluation or recommendation as to whether or not any participant is capable or deemed physically fit to engage in any activities. If the participant has any physical or mental condition that may impair his or her ability to engage in any of the required activities, it is your responsibility to obtain a physician's release.

It is recommended that you consult a physician prior to your child participating in any physical exercise program.

As the parent or guardian of the above-named participant, I fully understand and accept all terms set forth in this Waiver Release Form.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____