

Client Information			
Name:		Date:	
Address:		DOB:	
City:	State:	Zip Code:	Male/Female
Cell:		School:	
E-mail:		Sport/ Position:	
Parent Name:		Grad Year:	
Parent E-Mail:		Parent Cell:	
Referred By:		Instagram Twitter:	

TRAINING WAIVER & RELEASE

THIS IS A WAIVER & RELEASE OF LIABILITY TO WHICH YOU WILL BE BOUND. READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU HAVE READ AND UNDERSTAND IT.

This Waiver & Release is made by the undersigned client in favor of EFT Sports Performance, INC., Elias Karras, individually and d/b/a EFT Sports Performance, INC., their agents, personal trainers, employees, independent contractors, assigns, affiliates, representatives, and successors (collectively referred to as the "Company").

I, the undersigned client, hereby acknowledge that he/she has enrolled in a program of strenuous physical exercise and nutrition program, which may include strength training, stretching, aerobic activity, meditation, martial arts and various physical exercises (the "Workout").

The undersigned hereby represents and warrants to the Company that the undersigned has completed the Personal Training Questionnaire & Health/Medical Survey questions fully and truthfully, consulted with his/her personal physician with respect to his/her participation in the Workout and that the undersigned does not suffer from any limiting health condition or disability that would prevent or limit the undersigned's participation in the Workout, and after having conducted a physical exam of the undersigned, that the undersigned's personal physician has authorized the undersigned's participation in the Workout.

The undersigned fully understands and acknowledges that the Workout involves strenuous physical activity and that physical injury can occur as a result in participation in the Workout. In consideration of the undersigned's participation in the Workout with the Company, the undersigned, his/her heirs, successors and assigns hereby releases and forever discharges the Company from any and all claims, demands, injuries, personal injuries or causes of action arising from or out of the undersigned's participation in the Workout, any and all liability whether now existing or occurring in the future including but not limited to liability for heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, stress fractures of bones, shin splints, tendonitis, heat prostration, knee injuries, back injuries, foot injuries, and any other illness or physical injury related to arising from or out of the undersigned's participation in the Workout.

The undersigned hereby acknowledges that he or she has read this Release in full and understands this Release and the terms contained herein, are not now under any duress, coercion or undue influence, or under the influence of any alcohol, drugs, or other intoxicating substance and hereby agree to be fully bound by the terms herein. The undersigned agrees to indemnify and hold the Company harmless from any and all liability covered by the Release, including the payment of all costs, expenses and attorneys' fees incurred by the Company in the defense of any claim covered by this Release.

Client/Parent Signature

Date

CONSENT AND RELEASE

This CONSENT AND RELEASE is entered into this _____ day of _____, 20____ by the undersigned client (the "Client") to and for the benefit of EFT Sports Performance, INC. (the "Company").

In consideration of the Client's participation in the Company's activities, the Client hereby acknowledges, consents and agrees as follows:

1. Client hereby irrevocably grants and assigns to the Company all worldwide rights to use, publish and copyright without any compensation whatsoever, any type of photographed pictures and images and the Client's name, image and likeness (collectively, the "Photographs") of Client, in which Client may be included, including, without limitation, the right to use the Photographs for promotional purposes on the Company's website.
2. Client hereby releases and discharges the Company from any liability which may arise from the use of the Photographs, including, without limitation, any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced in the taking of said picture or in any processing thereof through completion of the finished product.
3. Client agrees that Client will not assert any claim or action against the Company or its successors, licensees or assigns or anyone designated by the Company to use the Client's likeness on the grounds that anything performed therein or in the advertising, or publicity in connection therewith violates rights of privacy or violates any other rights.

IN WITNESS WHEREOF, the terms set forth above are hereby accepted on the date first written above.

Client/ Parent Signature

Date

CLIENT'S MEDICAL HISTORY

Have you experienced any of the following?

- | | | |
|-----|----|---|
| Yes | No | Heart attack, coronary bypass or other coronary surgery? |
| Yes | No | Chest discomfort (especially with exertion)? |
| Yes | No | High blood pressure? |
| Yes | No | Extra, skipped, or rapid heartbeats / palpitations? |
| Yes | No | Heart murmurs, clicks, or unusual cardiac findings? |
| Yes | No | Rheumatic fever? |
| Yes | No | Ankle swelling? |
| Yes | No | Peripheral vascular disease? |
| Yes | No | Phlebitis, emboli? |
| Yes | No | Unusual shortness of breath? |
| Yes | No | Light headedness or fainting? |
| Yes | No | Pulmonary disease (e.g. asthma, emphysema or bronchitis)? |
| Yes | No | Abnormal blood lipids (cholesterol, triglycerides)? |
| Yes | No | Stroke? |
| Yes | No | Recent illness, hospitalization or surgical procedure within the past six months? |
| Yes | No | Medications of any kind? (If yes, list) _____ |
| Yes | No | Diabetes or other metabolic disorders? |
| Yes | No | Are you pregnant now? |
| Yes | No | Is there any reason your physician would object to your dieting? |
| Yes | No | Is there a history of heart disease in your family? |
| Yes | No | Is there any reason your physician would object to your exercise? |
| Yes | No | Do you smoke or chew tobacco? (cigarettes / dips per day) _____ |
| Yes | No | Ingest alcohol? (wines, beers, or drinks per day) _____ |

Old and recent injuries (if any): _____

Foods you cannot or will not eat: _____

Other health conditions or medical problems not mentioned above: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

