

FARM STRONG ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Adult Informed Consent Form / Youth Informed Consent Below

Consent to Participate:

I declare that I intend to use some or all of the activities, facilities, programs, and services (hereinafter called "Activities") offered by Farm Strong Athletics. I understand that different people have different capacities for participating in various Activities and that my choices to use or apply, at my own risk, any portion of the instruction or guidance that I receive while participating in these Activities.

Assumption of Risk:

I understand that the risk involved in undertaking any of the Activities is related to my own state of fitness or health and the awareness, care, and skill with which I conduct myself in any of the Activities of Farm Strong Athletics. I also understand that I am free to withdraw from, reduce, or modify my involvement in any of the Activities and that I should do so upon recognition of any signs of physical discomfort.

I further understand that the possible risks involved in participating in these Activities may include, but are not limited to:

- Muscle, tendon, ligament, bone, and joint soreness
- Muscle, tendon, and ligament strain, tear, or rip
- Bruising, skin lacerations, tears, cuts, or punctures
- Shortness of breath, dizziness, fainting, or unconsciousness
- Tightness in the chest, bone breaks, discoloration, separations, or fractures
- Fatigue, sweating, eye punctures
- Heart attack or stroke
- Aggravation of an existing or past injury
- Discomfort or problems with any other injury
- Discomfort or physical problems associated with physical activity
- And many other forms of physical discomfort

Waiver of Liability:

I accept all responsibility and waive any legal recourse against Farm Strong Athletics, its servants, agents, contractors, instructors, and employees from any claims resulting from the personal fitness program.

Media Consent:

Initial here:

I consent to the use of my image and name on Farm Strong Athletics' website and social media platforms (Facebook, Twitter, YouTube, Coach's Eye).

Acknowledgment and Acceptance:

Initial here:

I have read the above list of possible risks associated with my participation in the Activities offered by Farm Strong Athletics.

Initial here:

I consent to taking all of the above-noted risks by VOLUNTARILY PARTICIPATING in the Activities of Farm Strong Athletics.

I declare that I have read, understand, and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Youth Informed Consent Form

Participant Information:

Consent to Participate:

I, the undersigned parent or guardian, declare that I intend for my child to use some or all of the activities, facilities, programs, and services (hereinafter called "Activities") offered by Farm Strong Athletics. I understand that different people have different capacities for participating in various Activities and that my child will use or apply, at their own risk, any portion of the instruction or guidance that they receive while participating in these Activities.

Assumption of Risk:

I understand that the risk involved in undertaking any of the Activities is related to my child's state of fitness or health and the awareness, care, and skill with which they conduct themselves in any of the Activities of Farm Strong Athletics. I also understand that my child is free to withdraw from, reduce, or modify their involvement in any of the Activities and that they should do so upon recognition of any signs of physical discomfort.

I further understand that the possible risks involved in participating in these Activities may include, but are not limited to:

- Muscle, tendon, ligament, bone, and joint soreness
- Muscle, tendon, and ligament strain, tear, or rip
- Bruising, skin lacerations, tears, cuts, or punctures
- Shortness of breath, dizziness, fainting, or unconsciousness
- Tightness in the chest, bone breaks, discoloration, separations, or fractures
- Fatigue, sweating, eye punctures
- Heart attack or stroke
- Aggravation of an existing or past injury
- Discomfort or problems with any other injury
- Discomfort or physical problems associated with physical activity
- And many other forms of physical discomfort

Waiver of Liability:

Initial here: 

I accept all responsibility and waive any legal recourse against Farm Strong Athletics, its servants, agents, contractors, instructors, and employees from any claims resulting from the personal fitness program of my child.

Media Consent:

Initial here: 

I consent to the use of my child's image and name on Farm Strong Athletics' website and social media platforms (Facebook, Twitter, YouTube, Instagram).

Acknowledgment and Acceptance:

Initial here: 

I have read the above list of possible risks associated with my child's participation in the Activities offered by Farm Strong Athletics.

Initial here: 

I consent to my child taking all of the above-noted risks by VOLUNTARILY PARTICIPATING in the Activities of Farm Strong Athletics.

I declare that I have read, understand, and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety on behalf of my child.

☐ I agree to these terms.

Do you have ANY medical issues, or pre-existing injuries, that Farm Strong Coaches need to be made aware of? *

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
☐ I agree to use electronic records and signatures