ATHLETE RELEASE FORM

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
Under the terms of this Agreement and sufficie	nov of which is horoby acknown	wladged, do haraburalesses and farour	discharge Assension Fitness of 1990
Ashley River Road Ste B, City of Charleston Stat	•	•	•
and their respective heirs, personal representati			
claimed to be liable, whether or not herein nan	ned, none of whom admit any	y liability to the undersigned, but all expr	ressly denying liability, from any and all
claims, demands, damages, actions, causes of			
way relating to any and all injuries and damage			
develop in the future, as a result of or in anyway It is understood and agreed that this Agreeme			
demands mentioned herein; that this Release of		•	
merely a recital. Furthermore, this Release	<u>-</u>	·	•
representatives, successors and assigns. This	Release shall be subject to a	and governed by the laws of the State of S	South Carolina, This Release has been
read and fully understood by the undersigned an	d has been explained to me.		
☐ I agree to these terms.			
What are your over all health and fitne	ess goals *		
What expectations do you have from A			*

Do have any current or previous injuries or health concerns that need to be taken into consideration *

	∏l agree to u	se electronic rec	ords and signa	tures
	<u>Disclosure</u>	the <u>Electronic</u>		
Sign your name below:				
Do you currently play any sports *				
	_			
What have been your major highlights/achievements in athletics *				
No answers to show				
What level of athlete would you consider yourself *				
	_			
Are you taking any supplements that we need to be aware of *				
Are you taking any supplements that we need to be aware of *				