

## NEW ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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**Waiver and Terms for Prime Performance Strength & Conditioning, LLC  
and Oklahoma Weightlifting Club**

### Physical Activity Readiness Questionnaire/Waiver

Oklahoma Weightlifting Club will be known in this document as "OWC"

#### **Informed Consent / Assumption of Risk:**

I am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise that may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. Excessive work (in rare cases) exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout. While this type of injury is relatively rare, it can occur due to a number of factors, including (but not limited to) genetic predisposition or dehydration that may be beyond the control of my trainer. I understand that the programs and classes offered by Prime Performance S&C, LLC/ OWC are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death to improper use or failure of equipment. I am aware that any of these mentioned risks may result in serious injury or death to myself and or my partner(s).

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in S&C, LLC/OWC programs/classes and accept full responsibility for any injury or death that may result from participation in any activity class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Prime Performance S&C, LLC/OWC with my full understanding that the above information, I agree to assume any and all risk associated with my participation in S&C, LLC/OWC program/classes.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible physiological results, including, but not limited to abnormal blood pressure, rhabdomyolysis, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold S&C, LLC/OWC as well as owners, employees, and other authorized agents including independent contractors, harmless there from. I understand that questions about exercise procedure and recommendations are encouraged or welcome.

Waiver and Release: I fully understand that my personal exercise program may be strenuous and I chose to participate voluntarily. I accept all responsibility for my health and any results, injury or mishaps that may affect my well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release Prime Performance S&C, LLC/OWC (as well as any of its owners, employees, or other authorized agents, including independent contractors.) from any and all liability, claims, and or causes of action that I may have for injuries or other damages, arising out of participation in Prime Performance S&C, LLC/OWC activities including, but not limited to the personal training/ nutritional programs/classes.

Photo / Video Release: I hereby grant Prime Performance S&C, LLC/OWC permission to use my photograph/video image in any and all publications for promotion on social media sites, Prime Performance S&C, LLC/OWC including website entries, without payment or any other consideration in perpetuity. I hereby authorize Prime Performance S&C, LLC/OWC to edit, alter, copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finish product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or any other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Prime Performance S&C, LLC/OWC from all claims, demands and causes of

action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on behalf of my estate which may have by reason of this authorization.

Indemnification: I recognize that there is a risk involved in the types of activities offered by Prime Performance S&C, LLC/OWC Therefore I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Prime Performance S&C, LLC/OWC their principles, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Prime Performance S&C, LLC/OWC.

Cancellation: I understand that I am responsible for giving Prime Performance S&C/OWC a notice of cancellation (either verbally, email or Facebook message to their respective business accounts) at least 20 days prior to the date of my next invoice. If I fail to do so I agree to pay the amount of my next invoice in full or allow Prime Performance S&C/OWC to charge me with my card they have on file.

**I have fully read and understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property cause by my negligent or intentional act or omission. I understand that by signing this from I am waiving valuable legal rights.**

**I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and wavier of liability and sign it knowingly, voluntarily, and of my own free will.**

☐ I agree to these terms.

**Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**

☐ Yes ☐ No

**If YES explain (leave blank if NO):**

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**Do you feel pain in your chest when you do physical activity?**

☐ Yes ☐ No

**If YES explain (leave blank if NO):**

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**In the past month, have you had chest pain when you are not doing physical activity?**

☐ Yes ☐ No

**If YES explain (leave blank if NO):**

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**Do you lose your balance because of dizziness or do you ever lose consciousness?**

☐ Yes ☐ No

**If YES explain (leave blank if NO):**

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**Do you have a bone or joint problem (For example, neck, shoulder, back, knee or hip) that could be made worse by a change in your physical activity?**

☐ Yes ☐ No

**If YES explain (leave blank if NO):**

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**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure, cholesterol or heart condition?**

☐ Yes ☐ No

**If YES explain (leave blank if NO):**

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**What are your personal fitness goals? (i.e. lose weight / gain strength) \***

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**Social media names (i.e. Facebook and Instagram):**

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**Sign your name below:**

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Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures

