***Waiver and Release of All Claims by EAP Client***

The client acknowledges that any program of fitness exercise involves a risk of injury.

The client represents he/she has recently been examined by a medical doctor and found able to undertake a program of exercise.

For and in consideration of the design of an exercise program for client (Be it in person or an online platform) BY

Michael Richards, Elite Athletic Performance LLC and “Coach“, “Owner” and/or

* Logan Easterling “Coach” and/or
* Chris Murphree “Coach” and/or
* Joe Myers “Coach” and/or
* James McCormick “Coach” and/or
* Ross Carver

Elite Athletic Performance LLC

405 Rande Drive

Benton, Arkansas (or any entity associated with, whether online, in person, etc.) “Facility“

**Client/Parent/Guardian agrees**:

1) that any activity/exercise program shall be undertaken by client at his/her own risk; and

2) that Coach/Owner/Facility shall not be liable to client, nor any other person for any claims or causes of action whatsoever arising out of or connected with services of the Coach/Owner/Facility; and

3) that client hereby releases and discharges Coach/Owner/Facility from any such claims or actions

Print your kids name here:

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Sign for your kid here(Athletes 18 and over sign here):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number of parent/guardian

(Must receive text messages)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_