

One5 Basketball LLC

Waiver Form

Participant Name: _____

Informed Consent/Release of Liability ***Please read carefully***

I, _____, admit knowingly and willingly that I have enrolled in a physical fitness program that includes, but is not limited to, running, jumping, stretching, strength training, and exercising in different locations in and around West Palm Beach, FL, or anywhere the participant is exercising. In consideration of my entry and of my own free will, I (the undersigned) do hereby for myself and my heirs, executors, and administrators, waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injury to me or my wrongful death) against One5 Basketball LLC, and instructors and any persons involved in the program and all of its affiliates (including but not limited to instructors, participants, the City of West Palm Beach, the County of Palm Beach, Highways and Transportation District, its officers, directors, employees, contractors and subcontractors), that may arise from my participation in One5 Basketball LLC activities or while traveling to and from the classes, even if caused in whole or in part by the negligence or other fault of the aforementioned parties or persons. I fully understand that I may injure myself as a result of my participation in this program and hereby release One5 Basketball LLC, and aforementioned facilities from any liability, now or in the future, including but not limited to heart attacks, muscle strains, sprains, pulls, tears, broken bones, shin splints, heat exhaustion, knee, back, or foot injuries and any other illness, soreness, or injury, however caused, occurring during or after my participation in this exercise program. It is further agreed that all exercises including the use of equipment, as well as travel to and from One5 locations shall be AT MY OWN RISK. This waiver applies to every state/country. I FULLY UNDERSTAND THAT I AM FOREVER GIVING UP, IN ADVANCE, ANY RIGHT TO SUE OR MAKE CLAIMS AGAINST THE PARTIES I AM RELEASING, IF I SUFFER ANY INJURIES OR DAMAGES, EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THOSE INJURIES AND DAMAGES MIGHT BE AND AM VOLUNTARILY ASSUMING THE RISK OF SUCH INJURIES OR DAMAGES. I UNDERSTAND THIS CONSENT FORM AND AM NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS TO SIGN.

Father Signature: _____

Mother Signature: _____

Date: _____

Email _____

Phone _____

Please list any known medical conditions such as allergies (including food and insects), diabetes, medication prescribed and emergency treatment, if necessary.
