



S.A.Q. CLINIC – Increase your Speed, Agility, and Athletic Performance

Athlete Name _____

Home Address _____ Zip Code _____

Parent Email _____ Mobile Phone: _____

Age: _____ Date of Birth: ____/____/____ School District: _____

Emergency Contact _____

Relationship to Athlete _____ Mobile Phone _____

Injury History _____

Hourly Training Sessions Tuesdays/Thursdays 10am-11am OR 6pm-7pm - \$250

June 10th to July 31st* - S3 Performance @ Heritage Hills (up to 16 sessions)

Please fill out the form & email to info@s3performancetraining.com by June 3rd.

Please **CIRCLE** which time you are registering for: 10am-11am OR 6pm-7pm

Please make checks payable to S3 Performance Training. We also accept Visa, MasterCard, AMEX or Discover. All payments must be received prior to the start of your first session.

Credit Card # _____ - _____ - _____ - _____ Expiration _____ / _____ Security # _____

If your billing address is different than above, please enter it here _____

Liability Waiver

In consideration of being permitted to engage in the following activity - S3 Performance Training (hereinafter referred to as the "Activity") coordinated by S3 Performance Training - I acknowledge and agree to, on my own behalf, and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows:

1. I am aware and acknowledge that injury or death may result from my participation in the Activity and from the use of the premises and facilities where the Activity is located or is to occur, or if premises and facilities are not an applicable description, the general area where the Activity is to occur, and the use of any machinery, equipment or apparatus located therein or thereon (collectively the "Activity Premises").
2. Upon entering the Activity Premises, I will inspect the same and my observation and my engagement, participation and/or involvement in the Activity shall constitute an acknowledgement that I find and accept them to be safe and reasonably suited for their intended purpose.
3. I hereby release S3 Performance Training, LLC & Heritage Hills Athletic Club/Ballyhoo Sports 2810 E. Prospect Road, York, PA 17402 (collectively as the "Releasees") from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of property, theft or otherwise, which may arise as a result of my presence in, upon or about the Activity Premises or my use of the Activity Premises.
4. I will indemnify and hold harmless the Releasees, collectively and individually, from any and all losses, liabilities, damages, demands, costs, causes of action and expenses that they may incur, for any reason whatsoever, which may arise as a result of my participation in the Activity, and my presence in, upon or about the Activity Premises.
5. I understand I may be photographed or videoed and/or used in marketing materials or posted on social media including Facebook, Instagram, Twitter, etc. I acknowledge that I have read this Waiver of Liability, and have been given reasonable opportunity to discuss this with my legal counsel. Further, I acknowledge that I fully understand the terms of this Waiver of Liability and that I have signed it freely and voluntarily without any inducement, assurance, guarantee or oral representation being made.

Parent/Guardian Signature _____ Date _____