



## 2021-2022 WAIVER OF LIABILITY

### Personal Information

Name:

Date of Birth:

Address:

City/State/Zip:

Phone:

**Emergency contact Person:** Name:

Phone:

Relationship to emergency contact:

### LIABILITY WAIVER:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Alexis Lauron DBA Train Like Gods as well as Peter Kim DBA Aloha volleyball club.

Having such knowledge, I hereby release Alexis Lauron DBA Train Like Gods as well as Peter Kim DBA Aloha volleyball club., their representatives, agents, employees and successors from liability for accidental injury or illness which i may incur as a result of participating in the mentioned physical activity. I hereby assume all the risks connected therewith and consent to participate in the mentioned program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in the mentioned fitness program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of legal parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if under the age of 18)