



**\*\*\*IMPORTANT – PLEASE READ CAREFULLY\*\*\*  
BLUESTREAK SPORTS TRAINING  
PROGRAM ACKNOWLEDGEMENT AND RELEASE**

**EMERGENCY CONTACT INFORMATION**

Athlete’s Full Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Allergies / Medical Conditions BlueStreak must be aware of: \_\_\_\_\_

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

I \_\_\_\_\_ (participant) and \_\_\_\_\_ (parent/guardian if participant is under age 18) in consideration for my participation in the BlueStreak Sports Training Program(s) (“the program”) offered by BlueStreak Sports Training, LLC, do hereby agree to the following:

**Program**

I understand and agree that:

1. BlueStreak and its employees or agents have not provided me with any warranties or representations that participation in the program will improve or enhance my performance or physical condition.
2. BlueStreak may collect and obtain data as a result of my participation in the Program and use such information in reports or publications. My identity may be used in advertisements for BlueStreak including but not limited to DVDs, videos, brochures, posters, and website programs.

**Waiver and Release**

I acknowledge and agree that:

By signing this document, I declare that I have no known medical problems that would preclude my participation in the Program, and the information provided to BlueStreak regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the BlueStreak program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the Program. I understand and acknowledge that BlueStreak has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in the BlueStreak program. I understand and acknowledge that BlueStreak has made no guaranty of success or improvement as a result of my participation in the program.

I hereby, on behalf of myself, personal representatives, heirs, executors, administrators, agents and assigns, forever release and discharge BlueStreak, its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action (known or unknown) that I may now have or will have in the future as a result of BlueStreak’s negligence. This waiver and release of liability includes, but is not limited to, injuries that result from (a) use of any exercise equipment or facilities provided by BlueStreak, (b) use of any exercise equipment or facilities which may malfunction, (c) BlueStreak’s improper maintenance of any exercise equipment or facilities, (d) any negligent instruction or supervision provided by BlueStreak, and (e) any injuries which occur because of slipping and falling while on BlueStreak premises or equipment. **I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY, THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST BLUESTREAK, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM BlueStreak NEGLIGENCE.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_