

Child's Name _____

Parent's Name _____

Phone Number _____

Second Number _____

Email address: _____

MAXIMUM ATHLETICS GUEST WAIVER AND RELEASE FORM

You (the guest) are aware that you are engaging in physical exercise and that the use of exercise equipment, club facility training, and instructions, could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury that might result. You agree to waive any claims or rights you might otherwise have to sue the facilities owner, office staff, and employees. You agree to waive and recommend whether you are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program.

PARENT'S SIGNATURE

Date

Maximum Athletics 30420FM 2978 Ste. 200

The Woodlands, TX 77354

281-419-3547

Child's Name _____

Parent's Name _____

Phone Number _____

Second Number _____

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