## 

## Informed Consent and Waiver Form

**A.**

I intend to and will engage in physical activities with **AZ HEAT VBC**. I assume and accept full responsibility for any and all injuries and damages that may occur to myself in or about the facilities, and forever fully release, remise, indemnify, and agree to defend and hold harmless **AZ HEAT VBC.**

There exists the possibility of certain changes occurring during the evaluation and training sessions. These include abnormal blood pressure, fainting, being hit by the ball, irregularities and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observation during evaluation and training sessions.

Information you possess regarding your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your training session. Your prompt reporting of feelings with effort during evaluation and all training sessions thereafter is of great importance. You are fully responsible for fully disclosing such information when requested by training personnel.

**B**.

I hereby authorize the coaches of **AZ HEAT VBC** to act for me accordingly in their best judgment in an “Emergency” situation requiring medical attention. I hereby waive and release **AZ HEAT VBC** of all liability for any illness or injury incurred while at or in transit to and from the session

**C.**

**I have read this form and consent to participate in this evaluation and personal training sessions.**

**By signing below, I accept the terms outlined above. I also, by signing below, represent that I am in good physical condition and that I have no physical impairment or ailment that would prevent or make it medically unwise for me to engage in physical activity**

**Athlete Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Team**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athlete Cell Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athlete Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Athlete Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

***(MUST FILL-OUT BELOW IF YOU ARE UNDER 18)***

**Parent/Guardian Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Best Number to Contact:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_