



Consent To Treatment Limitation & Waiver of Liability

Athletes Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

In partial consideration of our child's acceptance into the SPEED PURSUIT LLC Strength & Conditioning Clinic, I/We as parents and/or legal guardians of _____ do hereby agree to limit the liability of SPEED PURSUIT LLC Strength & Conditioning Clinic, its employees, agents, officers, and staff to the coverage of the medical insurance policy covering athletes in the SPEED PURSUIT LLC Strength & Conditioning Clinic as explained in this brochure, which we have read and understand.

I/we further agree to waive all liability of the SPEED PURSUIT LLC Strength & Conditioning Clinic, its employees, agents, officers, and staff and for any accident, injury (including death), illness or other mishap, which might befall the above-named attendee while traveling to or from, or during his attendance at the SPEED PURSUIT LLC Strength & Conditioning Clinic, which is not covered by said medical insurance policy.

Parent/Legal Guardian Name (Printed)

Parent/Legal Guardian Signature

EMERGENCY CONTACT INFORMATION

Cell Phone #: _____

Work #: _____