

# ALTIUS PERFORMANCE

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Emergency Email: \_\_\_\_\_

## STAY SAFE MINNESOTA

- I have read the Stay Safe Minnesota Order. I understand that failure to adhere to COVID-19 training expectations/procedures/guidelines may result in immediate dismissal from the camp with no refund issued.

• Participant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
• Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## COVID-19 Release of Liability Waiver

*In addition, due to the highly contagious nature of the current COVID-19 virus outbreak and potentially any other virus that can be contracted from both symptomatic and asymptomatic people, Altius Sports Performance, LLC assumes no responsibility for the contraction of any illness as a result of your participation in this camp or related camp activities. All participants are required to comply with social distancing expectations. Failure to do so could result in removal from the program and the premises. Altius Sports Performance, LLC will not be responsible for determining whether or not any participant has or does not have COVID-19 or any other illness before, during or after this camp or camp activity. Anyone having any illness is required to not attend class. It is Altius Sports Performance, LLC's recommendation that during the COVID-19 pandemic, the participant consult their doctor before participating and follow the CDC guidelines related to social distancing and wearing personal protective equipment.*

**I acknowledge that I have read the Altius Sports Performance, LLC COVID-19 waiver statement. I agree to the content of the statement.**

• Participant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
• Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## Training Release of Liability

I have been informed of and I understand that any exercise program, even under the supervision of a fitness professional, is a potentially hazardous activity. Through my voluntary participation I assume all associated risks. I hereby waive, release and discharge Altius Sports Performance, LLC and its representatives for any and all claims or liabilities for injuries or damages to my person or possession. I agree to indemnify and hold Altius Sports Performance, LLC and its representatives harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred as a result of any claims or suits threatened or brought be me or on my behalf against Altius Sports Performance, LLC or its representatives to recover any losses, liabilities, costs, damages, or expenses.

**I acknowledge that I have read the Altius Sports Performance, LLC participation waiver statement. I agree to the content of the statement.**

• Participant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
• Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



By checking this box, I consent to be photographed, filmed and/or otherwise recorded, and I agree that Altius Sports Performance may use images of me and my name for any purpose whatsoever in perpetuity and without compensation.