

Athletic Mentors, LLC Waiver/Consent Form

This release form agreement is applicable for any services rendered by and/or other participation in events hosted by Athletic Mentors LLC of Richland, Michigan and its coaches.

All use of programs, facilities and equipment owned or leased by Athletic Mentors LLC shall be undertaken by a customer/participant at his/her sole risk and Athletic Mentors LLC shall not be liable for any injuries or any damage to any customer/participant or guest of Athletic Mentors or the property of any customer/participant or guest or be subject to any claim, demand, injury, or damage whatsoever. The customer/participant for himself/herself and on behalf of his/her executors, administrators, assigns and successors, does hereby expressly forever release and discharge Athletic Mentors LLC, its successors and assigns, as well as its officers, employees and agents for all such claims, demands, injuries, damages-actions or causes of action.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission prior to my participation of this program/service.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by working out at Athletic Mentors, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Athletic Mentors, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, interns and other Athletic Mentors clients.





Further the Athletic Mentors LLC customer/participant shall indemnify and save harmless Athletic Mentors LLC, its agents or employees from all suits, actions or claims brought or made for injuries or damages received or sustained by a member, guest, or visitor brought into Athletic Mentors LLC to utilize or observe the facilities, use services provided by or attend Athletic Mentors LLC's events.

I have read this document and I understand and hereby agree to the terms of this agreement and the rules of Athletic Mentors LLC as they exist at this date and as they reasonably amended from time to time.

Kimberly Barnes	Running/OCR	02 / 15 / 2023
_____	_____	_____
Print Name of Customer/Participant	Sport	Date
_____	_____	_____
Signature of Customer/Participant		Date
<i>Kimberly S Barnes</i>		02 / 15 / 2023
_____		_____
Signature of Guardian (if student is under the age of 18)		Date
Spencer	616-780-9148	Spouse
_____	_____	_____
Emergency Contact	Phone Number	Relationship

Title	Athletic Mentors Waiver For Train Like A Woman Seminar
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Document History

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