



8580 Lowry Boulevard, Denver, CO, 80230
Tel: 303-437-1134

Assumption of Risk Agreement

In consideration of gaining access to participate in activities associated with Authentic Performance (facility and equipment), I do hereby waive, release, and forever discharge Authentic Performance and its agents, employees, representatives, executors and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities in said program.

_____ (Client/Athlete’s initials) _____(Parent/Guardian’s initials)

I have had the opportunity to discuss my specific needs in relation to participatory activity; and as a result, I do voluntarily request the right to participate in this program of exercise.

_____ (Client/ Athlete’s initials) _____(Parent/Guardian’s initials)

Also, in consideration of the above factors, I acknowledge the existence of risk in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the program via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas, to include but not be limited to:

- The use of facility equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the facility, changing areas, and other areas associated with Authentic Performance.

In addition, it was recommended that I consult with a physician before engaging in any activities associated with Authentic Performance. Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposure to such risks and to waive full responsibility and liability on behalf of Authentic Performance.

_____ (Client/Athlete’s initials) _____(Parent/Guardian’s initials)

Authentic Performance engages in and uses social media outlets for the purposes of marketing, production of educational materials and enhancing our visibility to those in the performance and training arena. We reserve the right to utilize images, videos or other training related content during training as a means to carry out these initiatives. All minors, NCAA or amateurism guidelines will be followed in order to protect and uphold standards and protect personal privacy. If you wish to abstain from the use of this material please advise your APC coach contact a staff member.

Participant’s name (please print clearly)

Participant’s Signature

Date:_____

Parents/Guardians name (If applicable)

Date:_____

Email Address: _____

Phone: (_____) - _____