

THE FREAK PERFORMANCE LLC

LIABILITY WAIVER & ASSUMPTION OF RISK AGREEMENT

Athlete Name: _____ **Date of Birth:** _____ **Date:** _____

Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

1. ACKNOWLEDGMENT OF RISK

I understand that participation in sports performance training, including strength training, speed and agility training, conditioning, plyometrics, and weightlifting involves inherent risks, including but not limited to muscle strains, sprains, fractures, cardiovascular events, concussions, permanent disability, or death. I voluntarily choose to participate and fully accept all risks.

2. MEDICAL RESPONSIBILITY

I certify that I am physically able to participate and have no medical conditions that would prevent safe participation. I agree to inform coaches of any injuries, illnesses, or physical limitations. The Freak Performance LLC does not provide medical advice or treatment.

3. RELEASE OF LIABILITY

In consideration of participation, I release and discharge The Freak Performance LLC, its owners, coaches, employees, volunteers, and affiliates from any and all claims arising from injury, illness, or damages occurring during participation or while on the premises, including those caused by negligence.

4. INDEMNIFICATION

I agree to indemnify and hold harmless The Freak Performance LLC from any loss, liability, or cost that may arise from my participation.

5. PHOTO & VIDEO RELEASE

I grant permission for The Freak Performance LLC to use photographs or videos of me for marketing, social media, and promotional purposes without compensation. ☐ YES ☐ NO

6. MINORS — PARENT / GUARDIAN CONSENT

If participant is under 18, I certify I am the parent or legal guardian and consent to participation. I agree to all terms of this waiver on behalf of myself and the minor.

7. GOVERNING LAW & SEVERABILITY

This agreement shall be governed by the laws of the state in which The Freak Performance LLC operates. If any portion is found invalid, the remaining portions shall remain in effect.

Athlete Signature: _____ **Date:** _____

Printed Name: _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

Printed Name: _____