



BE READY™

INTAKE FORM - ADULT ATHLETE

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____ Home Phone: _____

Cell Phone: _____ Occupation: _____

E-mail: _____ (Used to communicate TWIST Training Info to you)

Date of Birth (day-mth-year): _____ Height: _____ Weight: _____

How did you first hear about TWIST? _____ Referred by: _____

Sport: _____ Level: _____ Position: _____

Activities: _____

What sport, activity or goal would you like to accomplish if you got in the best physical shape of your life? _____

Injuries or Medical Conditions (Past or Present): _____ Date: _____

_____ Date: _____

_____ Date: _____

Allergies: _____ Asthma? _____

Emergency Contact Name: _____ Relationship to you: _____

Work Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____ Medical #: _____

TWIST CONDITIONING WAIVER AND RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in the activities at Twist Conditioning, the undersigned acknowledges, appreciates and agrees that:

- 1) The risk of injury from the activities involved, is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Twist Conditioning Inc., their owners, coaches, and/or employees, and, if applicable, leasers of the premises, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ (Participant's Signature) Date Signed: _____