

Adult Waiver/Release

RELEASE OF LIABILITY FOR ADULT PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF _____, _____/_____/_____, M F
Name of Athlete Date of Birth Gender

being allowed to participate in any way in the SPORT TESTING performance testing activities and related events (the "Assessment"), the undersigned acknowledges, appreciates, and agrees that:

1. SPORT TESTING Inc., its employees, contractors or agents (collectively referred to as the "Assessment Specialists") will take commercially reasonable efforts to assure my safety while participating in the Assessment. I understand that there may be unavoidable risks of physical injury or resulting damage, known and unknown, associated with any exercise performed at high intensity (including permanent disability and death). I understand that these risks of injury and/or damage may also be caused by third parties, circumstances or events over which the Assessment Specialists may not be responsible for, have control over or could reasonably foresee; and,
2. I acknowledge and agree that my participation in the Assessment is completely voluntary and made with full knowledge of the inherent risks of injury and/or damage that may occur during the Assessment; and,
3. I represent that I do not know of any medical condition, symptom or any other reason that would prevent me from undertaking the Assessment or increase my risk beyond those inherent in participating in any high intensity sport. I understand that some of the tests included in the Assessment will be performed at maximal intensity. If I have any unusual significant concern in my readiness for participation in the program itself, I will remove myself from the participation and bring such to the attention of the nearest official immediately; and,
4. 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,
5. I willingly agree to comply with the program's stated and customary terms and conditions for participation; and,
6. I understand that the Assessment Specialist reserves the right to decline to accept or continue the Assessment at any time should my actions or general behavior, in their sole discretion, be determined to impede, obstruct, or present a risk of harm to me or others affiliated with the Assessment in any way; and,
7. I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SPORT TESTING INC., its Assessment Specialists, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
8. I understand that SPORT TESTING will be recording my performance testing results on its database and making those results available through its website(s), data analysis, research, reporting and other services. I fully understand and authorize SPORT TESTING to create a password protected personal profile for me with my personal information as provided. I fully understand and agree that my information will be accessible to myself, SPORT TESTING, its staff, Assessment Specialists and with the organizations, teams, coaches and trainers with whom I am affiliated. I confirm that I am solely responsible for reviewing these designations on my SPORT TESTING account. I further understand that my performance testing scores will be utilized for statistical calculations and may be shared by SPORT TESTING with other third parties without my prior approval, subject only to SPORT TESTING removing any personally identifiable information before doing so, unless authorized to do so by my Sport Testing account settings granting permission to share personally identifiable information.

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.

_____/_____/_____
(PARTICIPANT SIGNATURE) (PRINT NAME) (DATE SIGNED)

(PARTICIPANT EMAIL ADDRESS - PLEASE PRINT CLEARLY) (Date of Birth yyyy-mm-dd)