

## **REGISTRATION FORM**

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PARTICIPANT(S)		GENDER(S):	_AGE(S):
(IF UNDER 18) PARENT   LEGAL GUARDIAN(S)			
ADDRESS:	CITY:	ST:	ZIP:
PRIMARY E-MAIL:		PHONE:	
ALT. E-MAIL:	A	LT. PHONE:	
TYPE OF TRAINING:GOAL(S):			
SPORT(S):	POSITION(S):		
TRAINING EXPERIENCE: NOVICE? INTERMEDIATE?	ADVANCED? PROFES	SIONAL?	
TIMES PER WEEK, FORWEEKS =TIMES PER MONTH  =   FEE PAID OF: \$			
FORM & PAYMENT REQUIRED PRIOR TO TRAINING - THANK YOU			

**APPOINTMENT, CANCELLATION, 'NO-SHOW' POLICY:** SESSIONS ARE AGREED TO A **'USE THEM OR LOSE THEM**' WITHIN A DESIGNATED PERIOD. APPOINTMENTS CANCELLED BY BLACKLINE ATHLETIC RESULT IN A SESSION CREDIT(S). <u>ANY SESSION</u> <u>CANCELLED BY A CLIENT WITHIN 24-HOURS OF APPOINTMENT TIME ('LATE CANCEL'). WILL BE CHARGED THE SESSION FEE.</u> <u>ALL 'NO-SHOW'S' ARE FORFEITED THE SESSION FEE</u>.

**PROGRAM FULFILLMENT POLICY:** THE TERMS OF THIS REGISTRATION FORM WILL BE AGREED UPON FOR THE DURATION OF THE PROGRAM PURCHASED. CLIENTS ARE RESPONSIBLE FOR USE OF ALL REMAINING UNUSED SESSIONS AND FULFILLMENT OF THEIR TRAINING PROGRAM. ANY PRE-PAID, UN-USED SESSIONS EXPIRE NINETY (90) DAYS AFTER LAST PAYMENT DATE – NO REFUNDS AVAILABLE.

CONSENT FOR EXERCISE: BLACKLINE ATHLETIC, LLC RESERVES THE RIGHT TO EXCLUDE A CLIENT WITH A DISABILITY OR ILLNESS FROM PARTICIPATION IF THAT INDIVIDUAL PARTICIPATION WOULD RESULT IN A DIRECT THREAT TO THE HEALTH OR SAFETY OF THEMSELVES OR OTHERS. IN DETERMINING POTENTIAL PARTICIPATION, BLACKLINE ATHLETIC, LLC MAY REQUIRE THE CLIENT TO FURNISH APPROPRIATE MEDICAL CERTIFICATION. IT IS UNDERSTOOD THAT PARTICIPATION IN ANY BLACKLINE ATHLETIC PROGRAM IS COMPLETELY VOLUNTARY AND MAY REQUIRE STRENUOUS ACTIVITY, AND BY SIGNING THIS REGISTRATION FORM, THE PARTICIPANT AND/OR PARENT OR LEGAL GUARDIAN VERIFY THAT YOU OR THE CLIENT, ARE IN GOOD HEALTH, AND WILL NOTIFY PERSONNEL OF BLACKLINE ATHLETIC IF ANY ADVERSE OR UNUSUAL SIGNS OR SYMPTOMS THAT MAY BE EXPERIENCED DURING PARTICIPATION AND/OR CEASE PARTICIPATION IN THE EXERCISE AT ANY POINT. IT IS UNDERSTOOD THAT VOLUNTARY PARTICIPATION IN BLACKLINE ATHLETIC, LLC TRAINING SESSIONS CAN BE A STRENUOUS ACTIVITY, POTENTIALLY CAUSING UNUSUAL CIRCUMSTANCES SUCH AS INJURY, LOSS OF BREATH, ABNORMAL BLOOD PRESSURE, FAINTING, HEART ATTACK, OR DEATH. IT IS ALSO AGREED THAT BLACKLINE ATHLETIC, LLC, ITS OFFICERS, EMPLOYEES, OR AGENTS (COLLECTIVELY, THE 'RELEASED PARTIES') WILL NOT BE LIABLE TO THE PARTICIPANT OR ANYONE ELSE FOR ANY ADVERSE SIGNS, SYMPTOMS, OR INJURIES THAT MAY RESULT FROM PARTICIPATION. I HEREBY RELEASE, SURRENDER, REMISE, ACQUIT, AND FOREVER DISCHARGE, BLACKLINE ATHLETIC, ITS 'RELEASED PARTIES' JOINTLY AND SEVERALLY, FROM AND ALL CLAIMS, DEMANDS, ACTIONS, LIABILITIES, DAMAGES, SUITS, COSTS, EXPENSES, CONTRIBUTIONS, AND/OR CAUSES OF ACTION WHETHER PAST, PRESENT OR FUTURE, KNOWN OR UNKNOWN, INCLUDING WITHOUT LIMITATION, ANY CLAIM FOR ACCIDENT OR INJURY INCURRED BY ME, WHICH I HAVE OR MIGHT CLAIM TO, OR HAVE AGAINST THE 'RELEASED PARTIES' ARISING OUT OF, RELATING TO, OR IN CONNECTION WITH MY PARTICIPATION IN THE BLACKLINE ATHLETIC TRAINING PROGRAM AND EQUIPMENT, USE OF A BLACKLINE ATHLETIC TRAINING FACILITY, STUDIO OR ON-SITE LOCATION WHERE BLACKLINE ATHLETIC TRAINING IS CONDUCTED INCLUDING, WITHOUT LIMITATION, ANY AND ALL STATUTORY AND COMMON LAW CLAIMS FOR WRONGFUL DEATH, DISABILITY, UNINTENTIONAL OR INTENTIONAL INFLICTION, OR EMOTIONAL DISTRESS, NEGLIGENCE, OR WILLFUL OR WRONGFUL MISCONDUCT.

I HAVE READ THE INFORMATION ABOVE AND UNDERSTAND IT.