



Youth Training Registration Form

Please email completed form to mfracm@integrated-wellness-partners.com or fax to 309-662-2384

Contact Information

Parent Name: _____

Athlete Name: _____

Address: _____

Parent Phone: _____

Parent E-mail: _____

City: _____

Athlete DOB: _____

State: _____

Athlete Age: _____

Zip: _____

Athlete Grade: _____

Emergency Contact Name and Relation:

Emergency Contact Phone:

Has your athlete recently suffered any injuries, or have any orthopedic conditions?

Has your athlete been diagnosed with any cardiac or respiratory conditions?

Has your athlete recently suffered from any illness that would contraindicate exercise?

What are your athlete's training goals?

Athlete Sports

(Please rank the sports in the order your athlete participates in, with their favorite sport marked as number 1)

Baseball _____

Golf _____

Soccer _____

Track Event(s) _____

Basketball _____

Gymnastics _____

Softball _____

Volleyball _____

Field Hockey _____

Hockey _____

Swimming _____

Wrestling _____

Football _____

Lacrosse _____

Tennis _____

Other _____

Athlete's Team of 1st Sport: _____

Athlete's Coach of 1st Sport: _____

Waiver of Claims and Assumption of Risk Form

This Waiver of Claims and Assumption of Risk Form (the "Waiver") executed on this ____ day of _____, 20__, by the undersigned (the "Member"), in favor of Advocate Health and Hospitals Corporation, d/b/a Advocate BroMenn Medical Center, IWP Bloomington, LLC, and their respective subsidiaries, affiliates, directors, officers, members, managers, employees, agents, successors and assigns (collectively, the "Operator") for his/her use of the Wellness Center or any programming offered outside of the Wellness Center by Wellness Center staff. The Member/Program Participant Member does hereby, voluntarily, and without duress execute this Waiver under the following terms:

- 1. Release and Waiver:** Member/Program Participant does hereby release and forever discharge and hold harmless the Operator from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Member/Program Participant's use of the Wellness Center, including, but not limited to Member's: (a) entry into or upon the facilities of the Wellness Center, (b) participation in any program or activity offered through the Wellness Center, (c) use of any equipment, machinery, or facilities of the Wellness Center, or (d) any exercise activities conducted outside the facilities of the Wellness Center. Member/Program Participant understands that this Waiver discharges the Operator from any liability or claim that Member/Program Participant, or any of Member/Program Participant's heirs, executors, administrators, and assigns may have, against the Operator, with respect to bodily injury, personal injury, illness, death, or property loss or damage that may result from any of the above activities, whether caused by the negligence of the Operator or otherwise. Member/Program Participant also understands that the Operator does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. Medical Treatment:** Member/Program Participant does hereby release and forever discharge the Operator from any and all claims whatsoever which may arise on account of any first aid, treatment, or service rendered in connection with any of Member/Program Participant's activities described herein.
- 3. Assumption of Risk:** Member/Program Participant understands that there are possible dangers associated with activities requiring physical exertion, including, without limitation, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or death, and that the Wellness Center will **NOT** be monitoring Member/Program Participant's use of the equipment, machinery or facilities of the Wellness Center. Member/Program Participant hereby assumes full responsibility for any and all injuries or damages arising from those risks.
- 4. Representations:** Member/Program Participant understands that strength, flexibility, sports and aerobic exercises, including the use of exercise equipment involves risk of injury. Member/Program Participant represents that Member/Program Participant is physically able to participate in the activities and programs offered through the Wellness Center and that Member/Program Participant will not extend himself/herself beyond his/her abilities, or if Member/Program Participant does so, it will be at his/her own risk. Member/Program Participant has been informed by the Operator that he/she should consult with a physician concerning his/her current physical condition, and should periodically update his/her physical condition with a physician. Member/Program Participant has either obtained his/her physician's approval or has decided to participate in physical activities without obtaining the advice of a physician.

In additional consideration of being permitted by the Training & Performance Center to participate in its training program and to use its facilities, I hereby permit the Training & Performance Center to use my name, image, and likeness for promotional purposes limited to its athletic training programs and facilities. The Training & Performance Center promotional mediums include but are not limited to print, radio, video, television and the Internet.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

By signing below, Member/Program Participant acknowledges that he/she has read this Waiver and understands the rights he/she is waiving by signing it.

Member/Program Participant: _____

(Print)

Member/Program Participant*: _____ Date: _____

(Signature)

***Signature of Parent/Guardian is required if Member/Program Participant is under the age of 18.**