



Kansas City Athlete Training
735 North Chestnut Ave.
Kansas City, Missouri 64120

Phone: 816-379-3701
Website: www.KCathletics.com
Email: info@KCathletics.com

Liability Waiver/Informed Consent Form

1st Child's Name _____ **Grade** _____

2nd Child's Name _____ **Grade** _____

3rd Child's Name _____ **Grade** _____

4th Child's Name _____ **Grade** _____

_____ Parent/Guardian Name

_____ Parent/Guardian Signature

*By signing this document you acknowledge and consent to the Liability Waiver attached. A copy of this form can be found on our website.

_____ Today's Date

_____ Parent's Email

_____ Parent's Phone

**We are asking for emails so that we can notify parents of changes in class schedule or of any updates to the class and a phone number in case you leave the facility and we need to contact you in case of an emergency.



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Please visit our website or facebook page for current class schedule information.

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I have voluntarily enrolled the child/children referred to as participant here after in a training class/program offered through the Kansas City Athlete Training program in Kansas City, MO a DBA of the Missouri Wolverines Youth Organization Inc. a 501c3 not-for-profit organization. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that the participant is in good physical condition and does not suffer from any known disability or condition which would prevent or limit his/her participation in this exercise program. I acknowledge that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent prior to beginning this fitness program for my participant, I hereby agree that I am doing so solely at his/her risk. If I have any questions or concerns about whether or not a particular activity is appropriate to my participant's current health status, I understand it is my responsibility to ask his/her doctor if this activity is appropriate before he/she participates in such activity.

I understand that this program is not medically supervised, and exercise activities are led by staff, independent instructors, or other program participants who are not employees of Kansas City Athlete Training. I agree not to hold any of the staff, independent instructors, or other program participants including Kansas City Athlete Training. Responsible for the actions or omissions of any of the independent instructors or other program participants.

I understand that Kansas City Athlete Training program, may, in its sole discretion and at any time, revoke any participant's participation in any class offered.

I understand that any exercise or fitness activity involves a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks for my participant and he/she is volunteering to participate with full understanding of the dangers involved. In consideration of his/her participation in this program and by signing this agreement/release I hereby waive and release the Kansas City Athlete Training program and all staff, independent instructors and program assistants, and its successors and assigns, from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my participant's voluntary participation and enrollment.

I also agree to allow Kansas City Athlete Training to post or use photos of my child/children on their Facebook Page and/or Website to promote classes or acknowledge individual athlete's accomplishments.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Kansas City Athlete Training and any staff, independent instructors, program assistants, and sponsors.

We welcome positive feedback or reviews on our Facebook or Google pages. Thank you for your participation in our program.

*****Please sign and date the attached form.**