Child's Name/Age_____/_____ **Parent:**_____

Child Birthdate_____ **Phone Number**_____

Email Address: _____

_____

MAXIMUM ATHLETICS, LLC GUEST WAIVER AND RELEASE FORM

You (the guest) are aware that you are engaging in physical exercise and that the use of exercise equipment, club facility training, and instructions, could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury that might result. You agree to waive any claims or rights you might otherwise have to sue the facilities owner, office staff, and employees. You agree to waive and recommend whether you are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program.

_____ _____

PARENT'S SIGNATURE Date

Maximum Athletics, LLC 28519 Sweetgum Road The Woodlands, TX 77354 281-419-3547

Child's Name/Age_____/_____ **Parent:**_____

Child Birthdate_____ **Phone Number**_____

Email Address: _____

_____

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