

GAMESPEED AGREEMENT AND RELEASE OF LIABILITY

1. I _____ acknowledge that I have voluntarily applied to an athletic training program conducted by Aaron Thigpen/Gamespeed. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent me from participating in the scheduled activities, which include but not limited to running, jumping, throwing, and the use of weight resistance or assistance equipment.

2. I am aware that although every attempt will be made to minimize the risk of injury, all athletic activities, including this one, may be considered a dangerous activity. I am voluntarily participating in these activities. I am aware of the dangers involved, which include, but are not limited to heart attacks, muscle strains, sprains, pulls, broken bones, shin splints, heat prostration, knee, back, leg, foot, and neck injuries. I hereby agree to accept any injury or death and verify this statement by placing my initials here: _____

3. As a consideration for being permitted by Aaron Thigpen/Gamespeed to participate in these activities I agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against Aaron Thigpen or, Gamespeed for injury or damage resulting from the negligence or other acts, however caused by Gamespeed, or any employee, volunteer, agent, or contractor thereof, as a result of my participation in the athletic program. I hereby release Aaron Thigpen and Gamespeed from all actions, claims, causes of action, assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for it resulting from my participation in the athletic training program.

4. I have carefully read this agreement and fully understand its contents. I am aware this liability and a contract between myself and Aaron Thigpen/Gamespeed and I sign it of my own free will. It reaffirms my agreement and acknowledges the terms of this document.

If signed on behalf of a minor please indicate relationship.

Name (Print) _____ Signature _____

Parent / Guardian _____

Date _____

GENERAL HEALTH WARNING: The information and advice provided is not intended as a substitute for medical advice. Any person suffering from conditions attention, or who have symptoms that concern them should consult a qualified medical practitioner.