

AirBlastoff Sports Registration Forms

*Usage of treadmill, gym, pool, and lecture rooms are **NOT** included in monthly totals.*

Group Drop-in - \$40/session with ABS approval

Payment options: online, e-transfer, cash, cheques (add 13 HST % tax)

*Please make cheques payable to **ROBERT ESMIE** or **AirBlastoff Sports***

E-transfers can be sent to airblastoff@gmail.com

Airblastoff Sports Registration Forms

Returning clients will need to complete forms and sign waivers and consent forms each year

First Name: _____ Last Name: _____ Middle

Sports: _____ Birth Date: ____ / ____ / ____ Gender: ____

Current Club: _____ Address: _____

City: _____ Province: _____ Postal Code: ____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Parents' Names: _____

How did you hear about Airblastoff Sports (ABS)? _____

I HEREBY AGREE TO BE AN ACTIVE AIRBLASTOFF SPORTS CLIENT

DATE _____ **Signature of Applicant** _____

Affiliated with: WAIVER CLAUSE – Must Be Signed By All Clients/Applicants/Guardians

THERE IS A RISK THAT YOU MAY BE HURT DURING YOUR PARTICIPATION AS A CLIENT/APPLICANT. IF YOU ARE UNWILLING TO ASSUME ALL THE RISKS OF YOUR PARTICIPATION AS AN ATHLETE, DO NOT ACCEPT THE TERMS CONTAINED HEREIN, IN WHICH CASE YOU WILL NOT BE AUTHORIZED TO TRAIN WITH AIRBLASTOFF SPORTS OR COACHES.

WAIVER AND RELEASE: TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY FOREVER RELEASE, WAIVE, COVENANT NOT TO SUE, EXONERATE, DISCHARGE AND AGREE TO HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, AND CAUSES OF ACTION WHATSOEVER THAT I MAY HAVE AGAINST THE RELEASED PARTIES WITH RESPECT TO ANY INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR OTHER LOSS THAT MAY

RESULT, DIRECTLY OR INDIRECTLY, FROM MY PARTICIPATION IN ANY OF THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

PHOTO CONSENT, AUTHORIZATION AND GRANT: I acknowledge that, from time to time, ABS may wish to take photographs, video, audio or other recordings which may capture my name, image and likeness (“Images”), either individually or as part of a group. I further acknowledge that any of the Released Parties may wish to use such Images, both internally and externally such as website, poster and so on within the sports awareness and wellness, educational area where ABS is involved.

ACCEPTING, THE TERMS HEREUNDER: Zero tolerance for drugs, alcohol and slander against airblastoff.com or staff which could result in termination or law suit.

Date: _____ Signature: _____

Parent / Guardian Consent (*if athlete is under 19 years of age*)

AIRBLASTOFF SAFETY / ACKNOWLEDGEMENT OF RISK

In consideration of your accepting my child’s application as a client in *Airblastoff Sports Program*, I forever release and discharge the ABS, its directors, officers, coaches, employees and agents (collectively the ‘participants’) from any and all actions, damages, claims, demands, costs and expenses whatsoever which might arise by reason of traveling to or from or participating in training sessions or competitions, whether or not incurred by the negligence of a Participant. I agree to indemnify and save harmless the Participants, their personal representatives, successors and assignees, against and from all damages, claims, demands, costs and expenses which may hereafter be brought or made against them by or on behalf of myself/my child, except to the extent and amount covered by accident or liability insurance or both.

Date: _____

Date: _____

Signature: _____
(Guardian signature if under 19)

(PRINT)

Signature: _____

PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT

Health_Care Card # _____

Family Doctor: _____ Dr. Phone: _____

Emergency contact: _____

Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

I, _____ (parent or guardian) authorize an adult representative of *Airblastoff Sports* to act on my behalf, if I cannot be located, to provide consent for medical or surgical treatment for _____ (athlete's name) for any condition which in the doctor's opinion would be adversely affected by undue delay.

Signature: _____