



RELEASE FORM

NAME: _____ AGE: _____ D.O.B: _____

PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

1. Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?

YES NO

2. Do you feel pain in your chest when you do physical activity?

YES NO

3. Do you lose your balance because of dizziness or do you ever lose consciousness?

YES NO

4. Do you have bone, or joint problems?

YES NO

5. Have you ever torn a muscle, or broken a bone in which you had to have surgery or be casted?

YES NO

In consideration of the acceptance of my entry, I for myself, my executors, and assignees, do hereby release and discharge AJtraining, of any and all claims, demands or causes of action arising out of my participation in this volleyball program. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event.

Parent or Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

Ashley Jensen
971-678-6638
agilityjumpraining@gmail.com