



Medical Release:

I acknowledge that I/and or any family member known as the participant, is in good health and is able to participate in the physical activity of a vigorous program/class/clinic/on ice clinic. In the event that I or any family member is injured, I give permission for the person in charge to seek medical attention.

Release of Liability/Acknowledgement of Risk:

In signing below I agree that NGE/Total Athletic Performance is in no way responsible for the safekeeping of my personal belongings while at the training facility. I understand that programs/classes/clinics/on ice clinics at Total Athletic Performance or any outside facility leased by TAP, may be physically strenuous and I voluntarily participate or allow any family member in them, with full knowledge that there constitutes a risk to me/family member of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Total Athletic Performance or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I certify that I, the participant in this program/class/clinic/on ice clinics, am/are fully covered by a certified health insurance plan and that Total Athletic Performance and staff members are not responsible or liable for any injury suffered by the applicant during participation.

Print Name of Participant

Emergency number/ Email;

Parent Signature

Date