



786 W. Highland Rd, Highland MI 48357

Athlete Waiver Form

Name: _____ DOB _____

Email: _____

Home/Work: _____ Mobile: _____

Gender: () Female () Male Height: _____ Weight: _____

If female are you nursing or pregnant? () Yes () No

Emergency Contacts: Name: _____ Phone: _____

How did you hear about STS Athletic Complex and/or who referred you? _____

Medical History:

Have you ever been diagnosed with Heart Disease? () Yes () No If yes, please describe condition:

Have you been diagnosed with type 1 or type 2 Diabetes? () Yes () No If yes, please describe condition:

Do you have any family history of heart disease or diabetes? () Yes () No If yes, please list family members:

Do you currently take any medications or supplements ? () Yes () No If yes, please list:

Do you currently have any upper/lower back pain, knee, hip, shoulder, or ankle pain? () Yes () No If yes, please describe: _____

In agreeing to participate in recreation and fitness activities at STS Athletic Complex, I agree as follows,

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participating in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of STS Athletic Complex, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employee, or volunteers of STS Athletic Complex, or by and other person.

In agreeing to participate in creation and fitness activities at STS Athletic Complex, I acknowledge that certain injuries are possible. These include but are not limited to: Minor or major bone fracture, rope burn, scrapes, abrasions, lacerations, head or body bumps, bruises, muscle, tendon or ligament strain or sprains. These might be caused by slips, falls, and other gravity-related mishaps, equipment failure, overstraining, or exceeding physical limitations, human error, disregard for guidelines, rules, and standard practice, ignorance or inattention, and environmental hazard (splinters, chalkdust, ect.)

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELEIVE STS ATHLETIC COMPLEX FROM LIABILITY FOR PERSONAL INJURY, PROPERY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name: _____ Date: _____

Guardian Signature: _____ Date: _____