



SPORTS AND RECREATION CENTER AGREEMENT AND RELEASE OF LIABILITY

1. IN CONSIDERATION OF BECOMING A MEMBER OR BEING ALLOWED TO PARTICIPATE IN THE ACTIVITIES AND PROGRAMS OF PRESTIGE ELITE SPORTS ACADEMY AND PARTY LOFT LLC (HEREAFTER SPORTS AND RECREATION CENTER) AND TO USE ITS FACILITIES AND EQUIPMENT, I DO HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE, RELEASE, AND FOREVER DISCHARGE PRESTIGE ELITE SPORTS ACADEMY (HEREAFTER SPORTS AND RECREATION CENTER), ITS' EMPLOYEES AND AGENTS, FROM ANY CAUSES OF ACTION, CLAIMS, LIABILITIES OR DEMANDS OF ANY NATURE WHATSOEVER, INCLUDING BUT NOT LIMITED TO A CLAIM OF NEGLIGENCE, FOR PERSONAL INJURY, BODILY INJURY, PROPERTY DAMAGE, DEATH OR ACCIDENT OF ANY KIND, ARISING OUT OF OR IN ANY WAY RELATING TO MY PARTICIPATION IN ACTIVITIES OR PROGRAMS, AND/OR USE OF EQUIPMENT OR FACILITIES IN THE SPORTS AND RECREATION CENTER, WHETHER BY THE NEGLIGENCE OF PRESTIGE ELITE SPORTS ACADEMY OR OTHERWISE. I FURTHER AGREE NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS PRESTIGE ELITE SPORTS ACADEMY FROM ALL CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES OR COSTS, INCLUDING ATTORNEYS' FEES, OF ANY NATURE WHATSOEVER ARISING OUT OF OR IN ANY WAY RELATING TO MY PARTICIPATION IN ACTIVITIES OR PROGRAMS, AND/ OR USE OF EQUIPMENT OR FACILITIES IN THE SPORTS AND RECREATION CENTER. (PLEASE INITIAL _____)

2. I UNDERSTAND AND AM AWARE THAT STRENGTH, FLEXIBILITY AND AEROBIC EXERCISES, INCLUDING THE USE OF EXERCISE EQUIPMENT AND ANY SPORTS AND RECREATION CENTER FACILITY, ARE POTENTIALLY HAZARDOUS ACTIVITIES. I ALSO UNDERSTAND THAT PHYSICAL FITNESS ACTIVITIES INVOLVE A RISK UP TO AND INCLUDING DEATH AND THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND USING EQUIPMENT AND FACILITIES WITH KNOWLEDGE OF THE DANGERS INVOLVED. I DO HEREBY DECLARE THAT I DO NOT POSE A SIGNIFICANT RISK TO MY OR OTHERS' HEALTH AND SAFETY IN MY PURSUIT OF PHYSICAL ACTIVITY IN THE SPORTS AND RECREATION CENTER, INCLUDING USE OF EQUIPMENT AND/ OR FACILITIES AND/OR PARTICIPATION IN ACTIVITIES OR PROGRAMS. I ACKNOWLEDGE THAT I HAVE EITHER HAD A PHYSICAL EXAMINATION AND HAVE BEEN GIVEN MY PHYSICIAN'S PERMISSION TO PARTICIPATE OR THAT I HAVE DECIDED TO PARTICIPATE IN ACTIVITY AND/OR USE OF EQUIPMENT AND FACILITIES WITHOUT THE APPROVAL OF MY PHYSICIAN; IN EITHER CASE, I DO HEREBY VOLUNTARILY ASSUME ALL RISKS AND RESPONSIBILITY FOR MY PARTICIPATION IN ACTIVITIES AND UTILIZATION OF EQUIPMENT AND FACILITIES. I AGREE TO LIMIT MY PARTICIPATION TO REFLECT MY PERSONAL FITNESS LEVEL. I HEREBY AGREE TO EXPRESSLY ASSUME AND ACCEPT ANY AND ALL RISK OF INJURY AND/OR DEATH. I FURTHER AGREE THAT IF I DO NOT ACT IN ACCORDANCE WITH THIS AGREEMENT AND WITH THE RULES AND REGULATIONS GOVERNING USAGE OF THE SPORTS AND RECREATION CENTER, I MAY NOT BE PERMITTED TO CONTINUE TO USE THE FACILITIES OR PARTICIPATE IN ANY ACTIVITIES OR PROGRAMS. (PLEASE INITIAL_____)

3. I HEREBY CONSENT TO AND PERMIT EMERGENCY TREATMENT IN THE EVENT OF ILLNESS OR INJURY WHILE USING THE EQUIPMENT OR FACILITIES AND/OR WHILE PARTICIPATING IN THE ACTIVITIES AND PROGRAMS OF THE SPORTS AND RECREATION CENTER FACILITIES. (PLEASE INITIAL _____)

4. MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTOOD, AND FREELY SIGNED THIS AGREEMENT. I FURTHER CERTIFY THAT I AM AT LEAST EIGHTEEN YEARS OF AGE, OR, IF UNDER EIGHTEEN YEARS OF AGE, MY PARENT OR LEGAL GUARDIAN HAS SIGNED ON MY BEHALF, AND THAT I AM OTHERWISE LEGALLY COMPETENT TO SIGN THIS AGREEMENT. I FURTHER UNDERSTAND THAT THE TERMS OF THIS AGREEMENT ARE LEGALLY BINDING. THIS AGREEMENT SHALL BE CONSTRUED AND ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF MISSISSIPPI, AND I CONSENT TO THE JURISDICTION OF SAID STATE. IF ANY PORTION OF THIS AGREEMENT IS HELD INVALID, IT IS AGREED THAT THE BALANCE SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT. (PLEASE INITIAL _____)

I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM, AS INDICATED BY MY SIGNATURE BELOW.

NAME _____ DATE _____

NAME _____ DATE _____
SIGNATURE PARENT OR GUARDIAN SIGNATURE (IF PARTICIPANT UNDER 18)

PRINT _____ SIGN _____

NOTE: ALL SPORTS AND RECREATION CENTER USERS MUST READ AND SIGN THIS FORM. INDIVIDUALS UNDER 18 MUST ALSO HAVE A LEGAL GUARDIAN READ AND SIGN



PHOTO & VIDEO RELEASE FORM

Phone (662) 297-8645

Email thehardengroup@gmail.com

PRESTIGE ELITE SPORTS ACADEMY

Please read through this form and fill out accordingly.

NAME OF GUARDIAN:

NAME OF CHILD:

I am allowing Prestige Elite Sports Academy to use photos & Video of my child for PESA Advertising via social media.

I am not allowing Prestige Elite Sports Academy to use photos & Video of my child for PESA Advertising via social media.

By signing this form, I acknowledge the terms and conditions of Prestige Elite Sports Academy .

CONTACT DETAILS

PARENT/GUARDIAN

MOBILE

E-MAIL

ADDRESS

Signature of parent/guardian

Prestige Elite Sports Academy

PESA REGISTRATION FORM



Basic PESA Plan

Complete the form below to Register

Terms & Conditions:

These terms require each client to be registered with PESA and all fees be paid prior to any training session. By agreeing to these terms and conditions you are agreeing to (8-90 min sessions) with a PESA trainer, 2x per week on schedule training days. Failure to attend does not reduce fees paid and training will not be rescheduled therefore count as a train session.

Full Name : [input field]

Parents Name : [input field]

E-Mail : [input field] Phone : [input field]

Date Of Birth : [input field] [input field] [input field] [input field] [input field] [input field] School Attended [input field]

Medical History (check any that apply)

- Asthma, Seizure, Heart murmurs, Concussions, Abdominal problems, Musculoskeletal injury, Scoliosis, Cardiomyopathy, ADHD/ADD, High blood Pressure, Diabetes, Others [input field]

Current Medications : [input field]

Special Instructions : [input field]

Payment Options



Cash Other [input field]

Amount Paid [input field]

Parent / Gaurdian

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