



INJURY WAIVER

TORQUE X TRAINING

ATHLETE WAIVER, RELEASE OF LIABILITY & ASSUMPTION OF RISK

Program Name: Torque X Training

Business Name: Torque X Training LLC

Location(s): _____

Phone/Email: _____

1. PARTICIPANT INFORMATION

Athlete Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

If participant is under 18 years of age:

Parent/Guardian Name: _____

Relationship: _____