



The P.A.S.S. Program Training Informed Consent Form

Participant's Name	Participant's Gender	Participant's Date of Birth	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Address		City/Zip	
Contact Number		Parent/Legal Guardian Driver's License	
		State: Number:	
Contact Email Address		Parent/Legal Guardian Name	

"I, _____, have enrolled in the personalized Strength Training program offered through The P.A.S.S. Program at Arizona Sports Complex. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by The P.A.S.S. Program or The Arizona Sports Complex."

"In consideration of my participation in this program, I, _____, hereby release The P.A.S.S. Program, Arizona Sports Complex and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release The P.A.S.S. Program, Arizona Sports Complex and its agents from any liability now or in the future for conditions that I may obtain.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS

_____ Participant's _____ Participant's _____ Date
 (If Participant is 18 or older) Name (If Participant is 18 or older) Signature

_____ Participant's _____ Participant's _____ Date
 (If Participant is under 18) Parent Name (If Participant is under 18) Parent Signature