

# ELITELEVELPT



## HOME OF THE PASS PROGRAM

Participant's Name	Participant's Gender	Participant's Date of Birth	Notes / Allergies
	____ Male ____ Female		
	____ Male ____ Female		
	____ Male ____ Female		
	____ Male ____ Female		
	____ Male ____ Female		
Parent's/Legal Guardian Full Name		Address	
Contact Number		City/Zip	
Contact email address		Parent's/Legal Guardian Drivers Licesnse # and State:	

"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 LLC or The Arizona Sports Complex."

"In consideration of my participation in this program, I hereby release The P.A.S.S. Program LLC, 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 LLC, 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

\_\_\_\_\_  
Name (If Participant is 18 or older)

\_\_\_\_\_  
Signature (If Participant is 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (If Participant is not 18 or older)

\_\_\_\_\_  
Parent Signature (If Participant is not 18 or older)

\_\_\_\_\_  
Date