



Sports Performance Participant Registration

Name:		Date of Birth:
<i>*If under 18: Legal Guardian Name + Date of Birth:</i>		
Address (Street, City, State, Zip)		
Email Address:		Phone #
Emergency Contact (Name, Relationship, Phone #)		
T Shirt Size: S M L XL XXL	Sport / Position / Where you play:	

WAIVER, INFORMED CONSENT AND COVENANT NOT TO SUE I, _____, have volunteered to participate in a physical training program under the direction of Orion Sports Medicine (OSM)/Flyght Academy/Orion Physical Therapy Specialists (OPTS), which will include, but may not be limited to, sport performance evaluations, functional assessments, and sport specific training (strength, power, endurance, speed/agility training). In consideration of OSM/Flyght Academy/OPTS to teach, direct, assist and train me, I do here (now) and forever release and discharge and hereby hold harmless OSM/Flyght Academy/OPTS and respective trainers, therapists, employees, agents, heirs, assigns, and contractors, from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of this or connected with my participation in this or any exercise program including any injuries caused there from. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (1) equipment that may malfunction or break, (2) any trip, slip, fall, dropping, and/or misuse of equipment and (3) our negligent instruction or supervision.

ASSUMPTION OF RISK I, _____, recognize that OSM/Flyght Academy/OPTS program(s) and service(s) might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I recognize and accept the possibility of unusual, but may not limit to, physical, physiological, musculoskeletal changes that may occur during or post exercise. These changes may include fainting, disorders in hear beat, heart attacks, irregular breathing, abnormal blood pressure; and in rare instances, death may occur. I recognize that a physician examination must be obtained prior to any involvement in any OSM/Flyght Academy/OPTS service or program. I, _____, am aware that as a result of my personal decision to participation in any OSM/Flyght Academy/OPTS service or program, I could suffer an injury, or physical disorder/impairment, that could result in my becoming partially or totally disabled and incapable of performing activities of daily living, any gainful employment or having a normal social life. I agree and fully understand that I assume any and all risks associated with any and all activities, exercises, and/or evaluations/assessments in which I participate.

VIDEO/AUDIO/PHOTOGRAPHY AND SOCIAL MEDIA I, _____, hereby give OSM/Flyght Academy/OPTS (trainers, therapists, employees, agents, heirs, assigns, and contractors) permission to record (audio, video, photograph) me during any and all OSM/Flyght Academy/OPTS service and/or program and give permission to post any and all recorded material to social media venues which include, but may not be limited to Facebook, Instagram, Snapchat, and/or Twitter. I understand that such recording/photographing may be used at the discretion of OSM/Flyght Academy/OPTS. I also understand by giving permission is in no way an endorsement of OSM/Flyght Academy/OPTS or any product(s), service(s), and or program(s) provided by OSM/Flyght Academy/OPTS.

PAYMENT POLICY I understand that all financial responsibilities are due, in full, at the time of registration. By signing below, I understand and accept providing OSM/Flyght Academy/OPTS with my valid form of payment at the time of registration and recognize that I will not be able to begin any and/or all OSM/Flyght Academy/OPTS service(s) and/or program(s) until my payment has been received.

CANCELLATION POLICY OSM/Flyght Academy/OPTS require that you notify OSM/Flyght Academy/OPTS by calling (937-247-5451) at least 24 hours in advance for any cancellations and/or rescheduling. Failure to do so will result in a \$20.00 no-show fee. By signing below, I understand, accept and hold all accountability for missing/no-showing, canceling and/or rescheduling appointments.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right I or my successors and/or affiliates might have to bring legal action or assert a claim against OSM/Flyght Academy/OPTS, or others referred to in this document for any negligence or that of our trainers, therapists, employees, agents, heirs, assigns, and contractors.

DATA RELEASE I, _____, hereby give OSM/Flyght Academy/OPTS permission to release the data gathered in the assessment phase of any program(s) participated in. Data can be released to (not limited to), coaches, trainers, program directors.

Participant Printed Name: _____
**If under 18, legal guardian printed name*

Participant Signature: _____ Date: _____
**If under 18, legal guardian signature*