

FuryFit – Texas Fury Volleyball Club
Round Rock Sports Center
2400 Chisholm Trail, Round Rock, TX. 78681

Informed Consent Liability Waiver

I, _____, have agreed to participate in this exercise program, FuryFit. I waive any and all possibilities of personal damage which may result from participation in this exercise program now and in the future, and I accept full responsibility for requesting such an exercise program.

The possibility of certain changes does exist during exercise and fitness evaluations. Some of the changes include: abnormal breathing, abnormal blood pressure, fainting, irregular heartbeats, and a very rare instance of heart attack.

Every effort will be made to minimize problems that may arise. I hereby acknowledge these risks. To my knowledge, I do not have any limiting factors, physical conditions or disabilities which would preclude an exercise program or fitness evaluation. I understand the strenuous nature of this program and or fitness evaluation process.

I accept full responsibility for my health and wellbeing in the voluntary exercise and fitness program. I fully understand that no responsibility is assumed by the fitness coaches, the facility, or the owner.

Participant Signature _____ Age _____ Date _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

I am the legal guardian of _____. I realize that he/she is participating in an exercise program that could result in personal injury and hereby acknowledge that I understand the potential dangers of his/her participation in such a program, as listed above. I fully understand that FuryFit – Texas Fury Volleyball Club & Round Rock Sports Center, along with program coaches are not responsible for said minor, should there be an injury or other health emergency during exercise or on the premises.

Parent/Guardian Signature _____ Date _____

**Any Medical Conditions we need to be aware of: (yes/no) _____

If yes, please explain in detail:
