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**EXERCISE RELEASE FORM – ADULT**

Please PRINT Clearly

Please complete the following information before beginning your workout program.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Email: \_\_\_\_\_

Trainer/Team \_\_\_\_\_

\*\*List any medical conditions that your trainer should be aware of:

\_\_\_\_\_

How did you hear about Sterling's Team Speed?

\_\_\_\_\_

**Cancellation Policy:** To avoid being charged for a private session, clients must provide 24-hour advance notice when cancelling. You will be charged a full session if cancellation is less than 24 hours notice.

**WAIVER AND RELEASE OF LIABILITY**

Sterling's Team Speed urges you and all guests to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise class. All exercises, including the use of weights and use of any and all machinery, equipment, and apparatus designed for exercising shall be at the guest's sole risk. I certify that my child is in good physical condition and have no known disabilities that might otherwise be detrimental to my child's health or well-being. I understand that the agreement to use, or selection of exercise programs, methods and types of equipment shall be my entire responsibility, and Team Speed, LLC shall not be liable to guest for any claims, demands, injuries, damages, or actions arising due to injury to my child or my person or property arising out of or in connection with the use by guest of the services, facilities, and premises of Team Speed, LLC. I hereby holds Team Speed, LLC, its officers, owners, agents, employees and partners harmless from all claims which may be brought against them by member or on member's behalf for any such injuries or claims. I confirm that all of the information provided on this application is correct and true. All applicants must sign. Parental or guardian signature is required if applicant is under 18.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cancelation Policy**

\_\_\_\_\_ I understand that I must give 24 hours notice to cancel my training session otherwise I will be charged the full amount of the training session.

**Purchase of Services, Training Sessions and Programs**

\_\_\_\_\_ I understand that I am purchasing sessions for training at Sterling's Team Speed. If my coach/trainer is unavailable or no longer employed with Team Speed, I will be assigned another coach/trainer to continue my training with. All purchases are non-refundable.

**Media Release**

\_\_\_\_\_ I give Sterling's Team Speed permission to use pictures and video production of my son, daughter or myself when participating in training sessions. Pictures may be placed in marketing material and on the Team Speed website for the sole purpose of advertising athletic training.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_