



Ignition Use Only

IGN _____

Program _____

Price _____

Start Date _____

Name _____ Male/Female School _____ Age _____

Date of Birth _____ Address _____

Phone Number _____ Email _____

Sport _____ Athletic Goals _____

Injuries (Please list all injuries with in the past two years and if they required therapy and/or surgery. Please list all other physical conditions that may affect performance training)

Medical (Please list any medical conditions and/or medications being used that may affect the athletes ability to complete the Ignition program)

Emergency Contacts

1) Name _____ Relationship _____ Phone Number _____

2) Name _____ Relationship _____ Phone Number _____

Payment Information

Name (on Card) _____ Card Number _____ Exp. _____ Security Code _____

Please Read: I understand that I am fully responsible for payment of all charges incurred on me or my child's behalf. I agree to pay the total cost of the program even if the applicant does not complete the entire program. I understand that my purchase will expire two weeks following the end of the program and whatever sessions are left will be deleted from the system without refund. Each athlete will be entitled to no more than two make-up sessions. Missed sessions will not be refunded unless notification was given prior to the start of the training program and was agreed upon by an Ignition Representative. In the event it becomes necessary to refer my account to an attorney or collections agency. I agree to pay all responsible late charges, costs, and fees associated therewith, whether or not suit is filed.

Signature of Applicant/Parent _____ Date _____



Photo/Ignition Athlete Testimonial Consent Form

By signing below, I represent that (a) I am the parent or legal guardian of the child, children, and dependent (s) named below. (b) I have the authority to enter into this agreement on my own behalf and on behalf of those children of legal dependent(s), and (c) this agreement binds me and those children and/or legal dependent(s), and our respective heirs and next of kin. As used below, the terms "I", "my", and "me" refers to the person signing below and all children and dependent(s) named below or under the care, legal custody, and/or guardianship of the person signing below. As used herein, the term "Ignition" refers to Ignition Athletics Performance Group, LLC and its affiliated companies and their respective directors, officers, employees, and agents.

1. Authorization to photograph and videotape. I authorize Ignition to record my image and anything I say in the form of photographs, video, audio recordings, movies, films, computer imaging, CD's/DVD's, slides, or similar mediums
2. Authorization of use. I authorize Ignition to use, amend, transfer, display, broadcast, reproduce, and distribute recordings, publicly or otherwise, for any purpose including, but not limited to education and promotion.
3. Waiver of right to inspect or approve. I waive the right to inspect or approve any use of such recordings.
4. Rights. I understand that the rights to all recordings belong to Ignition.
5. Waiver of compensation. I understand that I have not been promised, nor do I expect to receive, any financial gain as a result of said recordings.
6. Release and waiver of liability. I hereby release Ignition from any actions and demands arising out of, or in connection with, the use of said recordings.
7. Governing Law. Ohio law excluding conflicts of law provisions will govern this agreement. If any part of this agreement is held invalid or unenforceable, the remaining parts will continue binding in full force and effect.
8. Entire Agreement. This is our entire agreement and supersedes all other agreements relating to the subject matter of this agreement. If any part of this agreement is held invalid or unenforceable, the remaining parts will continue binding and in full force and effect. Only a written agreement signed by the General Manager of Ignition and me may modify this agreement.

Signature of Applicant/Parent _____ Date _____

Print Name of Applicant/Parent _____ Print Name of Child _____

Do you understand that there may be a release of information, photos, etc. used for athletic studies or reports? Yes / No



Release and Waiver of Liability and Indemnity Agreement

By signing below, I represent that (a) I am the parent or legal guardian of the child, children and dependent(s) named below who will be observing or using IGNITION's facilities, participating in IGNITION's programs, or otherwise using IGNITION's services, (b) I have the authority to enter into this agreement on my own behalf and on behalf of those children and legal dependent(s), and © this agreement binds me and those children and legal dependent(s), and our respective heirs and next of kin.

As used below the terms "I", "my", and "me" refer to the person signing below and all children and dependent(s) named below or under the care, legal custody and guardianship of the person signing below. As used herein, the term "IGNITION" refers to Ignition Athletic Performance Group, LLC and its affiliated companies and their respective directors, officers, employees, and agents.

I wish to observe or use IGNITION's facilities and equipment, participate in its onsite or offsite programs, or otherwise use its services. IGNITION is willing to permit those activities only if I sign this agreement for the purposes of releasing and waiving IGNITION from any and all liability that it may incur from my presence on its facilities or in its activities.

1. Inspection of Facilities, Equipment and Programs. I have inspected IGNITION's facilities and equipment, have been instructed on the programs and services IGNITION offers and have had the opportunity to ask questions and evaluate the risks associated with those programs and services. I acknowledge that I have found IGNITION's facilities, equipment, programs and services to be safe and reasonably suited for my purposes. I also acknowledge that I have carefully considered the risk associated with IGNITION's programs and services and have found those risks to be acceptable
2. Disclosure of Injuries and Health Concerns. I represent that I am in good health and have no injuries or health conditions except as disclosed to the IGNITION staff. I will promptly notify IGNITION if any health conditions may change.
3. Release and waiver of liability. I hereby release, waive, discharge and agree not to sue IGNITION for any loss, damage, liability, claim, or demand arising out of any personal injury (including death), property damage, or other loss that I may suffer in connection with (a) my observance or use of IGNITION's facilities or equipment, participation in its on-site or offsite programs. Or other uses of its services or (b) my following any advice provided by IGNITION, except to the extent caused by IGNITION's gross negligence or willful misconduct.
4. Indemnity Agreement. I agree to Indemnify and hold harmless IGNITION against any loss, damage, liability, or claim arising out of my observation or use of IGNITION's facilities or equipment, participation in its on-site or off-site programs, or other use of its services, except to the extent caused by IGNITION's gross negligence or willful misconduct.
5. Medical Expenses. Without limiting the above provisions, if I (which as used in this agreement, includes my child, children or legal dependent(s) am injured while using or observing IGNITION's facilities or equipment, participating in its programs. Or otherwise using its services, I understand that I am responsible for and will pay all resulting medical expenses, dental expenses, and associated expenses, and will not seek reimbursement or payment of those expenses from IGNITION.
6. Authorization of Medical Care. I authorize IGNITION to permit a treating physician to perform all medical treatment as he or she may deem necessary if my child, children, or legal dependent(s) is injured or becomes ill while using or observing IGNITION's facilities, participating in its programs, or otherwise using its facilities.
7. Compliance with Rules. I acknowledge that I have read and understand all IGNITION safety policies and procedures. I agree to comply with IGNITION rules and directions at all times while at its facilities or while participating in IGNITION on-site or off-site programs.
8. Important Notice. THIS AGREEMENT LIMITS MY RECOURSE AGAINST IGNITION IF I OR MY CHILD, CHILDREN OR LEGAL DEPENDANT(S) SUFFER ANY INJURY (INCLUDING DEATH), PROPERTY DAMAGE, OR OTHER LOSS WHILE I OR MY CHILD, CHLDREN, OR LEGAL DEPENDENT(S) ARE USING OR OBSERVING IGNITION'S FACILITIES AND EQUIPMENT, PARTICIPATING IN IGNITION'S ON-SITE OR OFF-SITE PROGRAMS OR OTHERWISE USING IGNITION'S SERVICES, EXCPET TO THE EXTENT CAUSED BY IGNITION'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.
9. Governing Law. Ohio law, including conflicts of law provisions, will govern this agreement. If any part of this agreement is held invalid or unenforceable, the remaining parts will continue binding and in full force and effect.
10. Entire Agreement. This is our entire agreement and superseded all other agreements relating to the subject matter of this agreement. There are no oral statements, representations or inducements apart from this agreement. Only a written instrument signed by the General Manager of IGNITION and me may modify this agreement.

I agree to the above terms:

Signature of parent or Legal Guardian: _____ Date _____