



3520 Quaker Lane
North Kingstown, RI 02852
401.667.0680

LIABILITY WAIVER

Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Emergency Contact: _____ (Phone Number) _____

Today's Date: _____

I understand that any exercise regime my child pursues may create physical stress resulting in harmful effects. I agree that it is my sole responsibility to consult a physician prior to my child commencing any exercise program. I understand that use of the equipment at AMP Training Center *may result in injury and that*; I AM SOLELY RESPONSIBLE FOR ANY INJURY MY CHILD MAY SUFFER AS A RESULT OF USING THIS EQUIPMENT. I AGREE THAT AMP Training Center, ITS OWNERS AND EMPLOYEES WILL HAVE NO LIABILITY OF ANY KIND TO MY CHILD OR ANY MEMBER OF MY FAMILY FOR ANY INJURY OR DAMAGES WHATSOEVER, THAT I HEREBY WAIVE ANY SUCH CLAIMS FOR INJURY OF ANY KIND AND FOR ANY REASON, AND THAT MY CHILD UNDERTAKES ALL ACTIVITIES AT AMP Training Center AT HIS/HER OWN RISK. I have no knowledge of any physical condition or limitation that may prevent my child from safely engaging in any of the physical activities available at AMP Training Center, I will inform AMP Training Center of any adverse change in my child's physical or mental condition that might otherwise be detrimental to him/her or those around him/her

Parent Signature _____ Date: _____