

Client Information and Waiver

Name:	Age:	DOB:	//
Address:			
City:	State:	Zip:	
Cell: Home:			
Email:			
Are there any restrictions or injuries we	should know about?	Yes	No
If yes, please explain:			
Emergency contact:	Phone:		
How did you hear about us?			
<u>Conse</u>	nt & Liability Waiver		
I accept and assume all risks existing in the activities participation is purely voluntary and comes with ce and agree to indemnify and hold harmless Complete of action, which are in any way connected with my LLC's. equipment or facilities. Should Complete Atheincur attorney's fees and costs to enforce this agree and costs.	ertain inherent risks. I hereby to te Athlete/Hayekreset, LLC. for participation in this activity or lete/Hayekreset, LLC. or anyo	voluntarily release r any and all claims r use of Complete ne acting on their l	, forever discharge s, demands, or causes Athlete/Hayekreset, behalf be required to
Complete Athlete/Hayekreset, LLC. is not responsible	ole for any lost or stolen items	on the premises.	
Signed:	Dai	te:	