



## Payment agreement and Informed Consent Form

Disclaimer



Payment for training is to be made at the first of each month, or the first class of participation of each month. Payment of \$\_\_\_\_ paid in cash, card, Venmo or check made to "Total Athletic Conditioning". All transactions are final and there will be no refunds!

Signature\_\_\_\_\_

### **1. Programs.**

- ☐ Marysville Powerlifting conditioning \$70 per month Mon, Wed, and Thur at 4-5pm
- ☐ Marysville powerlifting competition season \$250 full cost November-March

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By signing participants are expected to:

1. Wear appropriate gym attire. Shoes must be worn at all times. Absolutely no sandals, socks and slides, or crocs!
2. Follow rules of the gym and respect staff members and gym patrons.
3. ABSOLUTELY No profanity or inappropriate behavior will be tolerated.
4. Make sure they have a spotter before lifting
5. Handle weights and equipment in a responsible manner. (no dropping in an uncontrollable way, only using machines or equipment for their intended use.)
6. Clean up after practice (wipe down all used equipment and put back in the proper place.)
7. NO equipment or machines not involved in that day's set will be used. (If it's not on the agenda don't get it out!).

If a participant is found to be in repeat violation of these expected rules the trainers/coaches of Total Athletic Conditioning reserve the right to deny training of said participant, and he or she may be asked to sit out for that day's practice or be sent home. If there are continued incidents or in the event of an extreme case Total Athletic Conditioning reserves the right to deny any future service to said offender.

Other considerations:

There may be cancellation due to weather. We follow the judgment of the Marysville school system, if there is school cancellation because of weather, expect there to be no practice that day unless specified otherwise.

Powerlifters are expected to have the following equipment before participating::

1. Lifting belt
2. Appropriate shoes (No running shoes. Flat shoes or powerlifting shoes are best)



3. Knee wraps
4. Squat suit (optional)
5. Wrist wraps (optional)

In consideration of my desire to engage in the training programs provided to me by Total Athletic Conditioning, I understand and agree to follow the rules and regulations as presented to me. The information has been explained to me and I understand the provided rules and procedures. I also understand the necessity of using the proper techniques while participating in the weight training program. I am aware that weight training is a HIGH-RISK SPORT and that practicing or competing in weight training will be a dangerous and unpredictable activity involving MANY RISKS OF INJURY. Because of the dangers of weight training, I recognize the importance of following the club coaches' instructions regarding techniques, training, and other team rules, etc., and to agree to obey such instructions. I have read the above warning and release and understand its terms. I understand that weight training is a HIGH-RISK SPORT involving many RISKS OF INJURY, including but not limited to those risks outlined above. I hereby assume all the risks normally associated with weight training and agree to hold Total Athletic Conditioning, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family. I further agree that neither Total Athletic Conditioning nor any of their staff or organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. I also acknowledge that it is my responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be incurred as a result of participation. By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Athletes Name: \_\_\_\_\_

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

Parent (guardian) Name: \_\_\_\_\_

Parent (guardian) Signature \_\_\_\_\_

Emergency contact number \_\_\_\_\_ Email \_\_\_\_\_

