



TRIA PlayStrong
Participation Waiver

NAME:	
DOB:	
MR#:	HCL# :
LABEL or ADDRESSOGRAPH	

This form must be completed prior to participation in TRIA PlayStrong

I understand and acknowledge that there are risks inherent to participating in the high intensity training provided in the TRIA PlayStrong program. These include but are not limited to re-injury, sprains/strains, or other musculo-skeletal injury.

I understand that these risks are inherent to high intensity training, and are not due to the fault of any trainer/medical provider/instructor.

I agree to pay, or cover through my insurance, any bills or other expenses I/my child incurs as a result of medical treatment that may be necessary as a result of any injury I/my child experience while participating in the TRIA PlayStrong program.

I authorize the medical professionals overseeing TRIA PlayStrong to act for me/my child to obtain and provide medical care in the event of an emergency requiring medical attention.

PARTICIPANT NAME _____ DOB _____

PARTICIPANT (IF OVER 18) OR
PARENT/GUARDIAN SIGNATURE _____

DATE _____