

## Parent and Athlete Waiver and Release Form

I, \_\_\_\_\_ understand that any physical exercise can be subject to a serious injury. I am voluntarily participating in any and all MAQ physical activities entirely at my own risk. I am aware I will be using weight equipment and understand all dangers involved that may include but are not limited to, abnormal changes in blood pressure, fainting, stroke, risk of heart attack and death. I have been informed that an examination by a physician should be obtained before starting such strenuous activity. In voluntarily participating in the MAQ training program, I assume all risks of injury, illness or death.

*This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) your participation in any activity or personal training session at 12359 Abbey Rd. North Royalton, Ohio, 44133 and/or any other locations of training; (b) instruction, training, supervision or dietary recommendations by any and all MAQ trainers; (c) any slip, fall or dropping of equipment.*

I, \_\_\_\_\_ acknowledge that I have thoroughly read this form in its entirety and fully understand that it is a release of liability. By signing this document, I agree to release and discharge D. Schierbaum LLC; MAQ; Dave Schierbaum and any of its training as well its affiliates and trainers from any and all claims or causes of action. I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against D. Schierbaum LLC; MAQ; Dave Schierbaum and affiliates and trainers for personal injury or property damage.

*Release and hold harmless MAQ, no video recording. All information, drills, and system are confidential and proprietary to MAQ. I will not attempt to duplicate for personal or business reasons/usage.*

**This form is an important legal document that explains the risks you are assuming by participating in the MAQ training program. By signing this release form, I acknowledge that I have read and understand this document completely. If you do not understand this document, it is your responsibility to ask for clarification prior to signing it.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Athlete Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_