



Letter of Last Name
For Official Use Only

1271 Washington Ave #623 San Leandro, CA 94577 • (510) 432-0742 • www.triplethreatonline.com

Waiver of Liability for Triple Threat Academy Workouts

Waiver of Liability: I, the undersigned, do hereby waive, release, and discharge all claims for damages, death, personal injury which may occur or which may hereafter accrue to my child as a result of participation in Triple Threat Academy. Knowing the risks of the activity, I hereby agree to assume those risks. This release is intended to discharge and hold harmless Triple Threat Academy and its employees from liability. This waiver and assumption of risk is to be binding on my heirs and assigns. I further understand that photographs may be taken of my child during the course of the clinic and these may be used in Triple Threat Academy publications. Please consult a physician before beginning any type of exercise program.

I HAVE READ AND UNDERSTAND THIS RELEASE

_____	_____
Triple Threat Student	Parent/or Guardian's Name Printed
_____	_____
Parent or Guardian's Signature Required	Date
_____	() - () -
Email	Home Phone Cell Phone
_____	_____
Address	City/State/Zip

Student Information

Name: _____

Age: _____ Grade: _____ Gender: M F Birthday: ___/___/___

School: _____ AAU Team (if applicable) _____

Height: _____ Weight: _____ Shirt Size (adult) XS S M L XL XXL XXXL

Medical Conditions: _____