

ASYLUM SPORTS CENTER LLC

2512 Tiltens Corner Road
Wall Township, New Jersey 07719
732.317.4200

ADULT PARTICIPANT APPLICATION

This Form To Completed By Participant (Age 18 and Above)

I. ADULT PARTICIPANT'S GENERAL INFORMATION

Athlete Last Name: _____ Athlete First Name: _____ Date of Birth: _____
Address _____ City _____ State _____ Zip Code _____
Home Telephone: (____) _____ Work Telephone: (____) _____ Cellular: (____) _____
Email: _____
Emergency Contact: Last Name: _____ First Name: _____
Phone Number: _____

II. HEALTH AND SAFETY INFORMATION

If the answer is YES to any of the following questions, a medical doctor's permission note addressed to Asylum **MUST FIRST BE PROVIDED** (the original of which shall be retained as part of Participant's training file), as a **PRE-CONDITION** to Participant's ability, for illustrative purposes only, to train and participate in and/or otherwise use Asylum's Wall Township, New Jersey training facility, including all buildings, structures and other improvements (e.g., sidewalk, driveways, parking areas, etc.) (collectively, the "**Asylum Premises**") for various sports, coordination events, general fitness training, classes, programs, personal training or instruction, small group training or instruction, team training, and any and all related Asylum activities and sponsored events conducted both at the Asylum Premises and off-site (collectively, the "**Asylum Services and Activities**").

Does Participant have any heart problems? YES ___ NO ___

Does Participant have any lung, breathing or other pulmonary problems? YES ___ NO ___

Does Participant have high blood pressure? YES ___ NO ___

Has Parent/Guardian been advised by Participant's doctor that he/she NOT be allowed to partake in strenuous physical activity? YES ___ NO ___

Has Participant undergone any surgeries within the past three (3) years? YES ___ NO ___

III. PARTICIPANT'S RELEASE, WAIVER OF LIABILITY AND INDEMNITY

Participant:

- verifies that he/she is in good health and able to participate in all manner of strenuous physical activities as part of Asylum Services & Activities;
- understands and agrees that neither Asylum, nor any of its members, officers, directors, employees, agents or volunteers assume or have any responsibility or liability for expenses or medical treatment, or to provide compensation for any injury sustained or suffered during, or resulting from his/her participation in any Asylum Services & Activities;
- waives, releases and forever discharges any and all rights and claim for damages he/she, or his/her heirs, personal representatives, executors and administrators may have, or that may hereafter accrue arising out of, or in any way connected with, his/her participation in any sponsored Asylum Services and Activities;
- represents and warrants that he/she has been advised, prior to his/her completion of this application, to consult with his/her doctor to determine whether he/she can safely participate in the Asylum Services and Activities, as well as whether such participation must be subject to any specific precautions or limitations regarding which Asylum must be made aware.

PARTICIPANT FURTHERMORE ACKNOWLEDGES, REPRESENTS AND WARRANTS TO RELEASES, JOINTLY AND SEVERALLY, THAT HE/SHE HAS CAREFULLY READ, FULLY UNDERSTANDS AND VOLUNTARILY SIGNS THIS RELEASE WAIVER, DISCHARGE AND INDEMNITY AND ASSUMPTION OF RISKS, AND AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT, APART FROM THE TERMS SET FORTH IN THIS APPLICATION HAVE BEEN MADE.

Participant Name: _____ Participant Signature: _____

[print name]

Date: _____