



TWIST
SPORT CONDITIONING

BE READY™

11015 SW Capitol Hwy., Portland, OR 97219
Ph: 503.208.3458, www.twistportland.com

**TWIST SPORT CONDITIONING CENTER PORTLAND
INTAKE FORM**

****Please fax (503.208.3450) mail, or drop off this form a minimum of 48 hours before your 1st session****

Name: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Name of Parent or Guardian: _____

How did you hear about TWIST: _____

Injuries (Past or Present):

_____ Date: _____
_____ Date: _____

Allergies & Medications:

Family Physician: _____ Phone: _____ Date of Birth: _____

School: _____ Height: _____ Weight: _____

Sport: _____ Level: _____ Position: _____

Activities: _____

TWIST SPORT CONDITIONING CENTER PORTLAND WAIVER AND RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in anyway in the activities Twist Sport Conditioning Center Portland the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved, is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Twist Sport Conditioning Center Portland., their owners, coaches, and/or employees, and, if applicable, leasers of the premises, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ (participant's signature) Date Signed _____

FOR PARTICIPANTS OF MINORITY AGE (under 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____ (parent/guardian's signature) Date Signed _____