

Top Performers



Sports Performance Training
Dedicated to taking you above and beyond

My son/daughter _____, will participate in
_____Speed Training _____Speed & Strength Training

I agree to pay the following for the eight week session: _____

My contact information is:

_____(parent's names)
_____(address)
_____(city, state, and zip code)
_____(phone)
_____(email address)
_____(health insurance name/policy)

I understand that my son/daughter will only have five days after the completion of the 8-10 week training period to make-up any missed sessions.

*I hereby release, indemnify, and hold harmless **Top Performers Sports Performance, Inc.**, its owners, and its trainers from any and all liability, damage, claim of any nature whatsoever arising out of or in anyway related to my child's participation in **Top Performers** training. Participating in any activity is an acceptance of some risk of injury. Despite precautions, accidents and injuries may occur. This waiver and release is intended to be as broad and inclusive as permitted under the State of Illinois. If any portion hereof is held invalid, the balance shall continue in full legal force and effect.*

Parent Signature: _____

Date: _____

Top Performers Sports Performance, Inc.

7135 Clinton Road
Loves Park, IL 61111