



**MISSION:** Creating a conducive atmosphere for high quality training, education, and personal development; Developing and maintaining a positive state; Equipping athletes with mental, physical and spiritual training.

## Permission Slip and Liability Waiver

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### LIABILITY & WAIVER

I agree to waive all claims against any and all persons of Optimal PROformance Training, LLC and their staff, including their instructors and/or fellow students, for any injuries I may sustain related to said participation. I understand Optimal PROformance Training, LLC may use any pictures of me participating in said activities for publicity without compensation. Furthermore, I consent that all Optimal PROformance Training, LLC instructors may obtain medical care for my child or myself if they deem necessary.

**We, the undersigned, agree to the terms and conditions as outlined in this legal document.**

\_\_\_\_\_  
Peter Everett, Optimal PROformance, LLC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parental / Legal Guardian Signature if under 18

\_\_\_\_\_  
Date