

HYPE Athletics – Intake & Liability Waiver Form

Date: _____
Full Name: _____
Date of Birth: _____
Phone: _____
Email: _____
Address: _____

Emergency Contact

Name: _____
Relationship: _____
Phone: _____

Medical History

☐ Heart condition ☐ High/Low blood pressure
☐ Diabetes ☐ Nerve or joint disorder
☐ Pregnancy ☐ Spine injury or surgery
☐ Recent fractures ☐ Muscle/ligament injury
☐ Other (please specify): _____
Current medications: _____
Physical limitations or pain areas: _____

Session Goals

☐ Flexibility ☐ Mobility ☐ Recovery ☐ Pain reduction ☐ Athletic performance
Other: _____

Client Acknowledgment and Consent

I understand that HYPE Athletics provides stretch therapy, myofascial release, and recovery sessions focused on improving mobility and performance.
Services are not medical treatment and staff are not medical professionals.
Sessions may involve physical touch and stretching assistance; I may stop at any time.
I will communicate any discomfort or medical concerns immediately.
I certify that I have disclosed all relevant medical information and am physically able to participate in these services.

Liability Waiver and Release

In consideration of receiving services from HYPE Athletics, I hereby:

1. Release and hold harmless HYPE Athletics, its owners, employees, and contractors from any and all liability for injury, illness, or damages that may occur during or after participation.
2. Assume full responsibility for my participation and the risk of injury associated with physical activity.

3. Understand that no diagnosis, prescription, or medical advice is provided.
4. Consent to receive the described services voluntarily.

Photography & Marketing Consent (Optional)

■ I grant permission for HYPE Athletics to use photos or videos of my session for marketing and social media.

■ I do not consent to media use.

Acknowledgment

By signing below, I confirm that I have read, understood, and agree to the terms of this waiver.

Signature: _____ **Date:** _____

Parent/Guardian (if under 18): _____

Signature: _____