



To The Next Level, Inc
 2244 Corporate Lane, Unit 100
 Naperville, Illinois 60563
 Phone: 630-791-9454
www.ttnlusa.com

OFFICE USE ONLY	
Received by staff initials	_____
Date	_____

NEW WAIVER - 2021

Primary Contact:

Name: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ E-mail address: _____

Emergency Contact: Name: _____ Phone (hm/wk/cell): _____

Additional Information: (Please indicate any allergies, medications, special requirements that our instructors should be aware of) _____

PROGRAM RECEIPT

Participant's Name	DOB	Grade	Program Name	Fee
Total				

Form of Payment: Cash Check # _____ Venmo Online Registration (Mindbody)

WAIVER and RELEASE (Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your child(ren) might sustain arising out of these programs.)
 As a participant in these To The Next Level (TTNL) programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injury(ies), including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against TTNL and its officers, agents, servants, and employees. I do hereby fully release and discharge TTNL and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend TTNL and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize TTNL officials to sure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered.
 TTNL does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

 Parent/Guardian, Adult Participant (Signature)
 Date: _____

 Parent/Guardian, Adult Participant (Printed Name)