

NLP Training - Registration Form

| Athlete Information | | | |
|---------------------|---------|---------------------------------------|-------------|
| Name: | Email: | Date of Birth: | |
| Address: | Phone: | Age: | Gender: M F |
| City, State, Zip: | Cell: | Year: Fresh Soph Junior Senior | |
| Height: | Weight: | Graduation Year: | GPA: |

| Basketball Information | |
|-----------------------------|-------------------|
| School/Professional Team: | |
| School/Pro Team Address: | |
| Coach: | Players Position: |
| Last AAU team played for: | |
| Colleges recruiting player: | |

| Family Information | | | |
|--------------------------------------|-------|-------|-----------------|
| Parents Name: | | | |
| Parents Address: | | | |
| Home Phone: | Work: | Cell: | Email Address: |
| Emergency Contact Name/Relationship: | | | Contact Number: |

| Training Program & Payment Information | |
|--|---|
| Program: _____ | Days Per Week _____ Number of Weeks _____ Program Session Time(s) _____ |
| Program Total: _____ 15% of Total Due With Registration Form _____ (Non Refundable) Make Checks Payable To NLP . Mail To: P.O. Box 5413, Buffalo Grove, IL. 60089 | |

WAIVER AND RELEASE OF LIABILITY

I understand that although Next Level Performance, Inc.'s programs are designed to provide a safe level of beneficial exercise, training and enjoyment, there is an inherent risk that participation in such exercise and training activities may result in personal injury(ies) to me. Therefore, I hereby specifically agree to assume any and all risks of personal injury(ies) to me while participation in Next Level Performance, Inc.'s programs, and I hereby waive any and all claims or actions I may have against Next Level Performance, Inc., its agents and employees, as a result of and/or for such injury(ies), including, but not limited to the following:

1. Personal injuries arising from my use of any exercise equipment;
2. Personal injuries arising from my participation in supervised and/or unsupervised activities and/or programs in any area of the training facility in which the Next Level Performance, Inc. program is administered;
3. Personal injuries and/or medical disorders resulting from exercising and/or training in said training facility including, but not limited to, heart attacks, strokes, heat stress, sprains, broken bones, torn muscles, torn ligaments, etc.:
4. Accidental personal injuries within said training facility;
5. Aggravation of preexisting medical conditions, medical disorders and/or physical injuries. I specifically agree to hold Next Level Performance, Inc., its agents and employees, harmless from any and all legal actions that might arise out of such injury(ies).

I also acknowledge the existence and the necessity for rules and regulations governing my participation in Next Level Performance, Inc.'s programs, including but no limited to those governing the use of equipment, facilities, and participation in programs and services. I hereby agree to comply with all applicable rules and regulations promulgated by Next Level Performance, Inc.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I ALSO ACKNOWLEDGE THAT BEFORE I SIGNED THIS AGREEMENT, INCLUDING THE WAIVER AND RELEASE, I HAD THE REASONABLE OPPORTUNITY TO EXAMINE IT.

Applicant's signature _____

Date _____

Parent/Guardian Signature _____

Date _____

(If Applicant Under The Age Of 18)

Model Release

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, hereby irrevocably consent to and authorize Next Level Performance, Inc. a Illinois corporation ("Next Level Performance, Inc. (NLP)), and/or anyone authorized by Next Level Performance, the use and/or reproduction of (i) any and all photographs containing my person, image or likeness: (ii) any and all audio recording containing my person, name or voice: and/or (iii) any and all video recording containing my person, image, likeness, name or voice: for any lawful purpose whatsoever.

Signature: _____

Parent/Guardian Signature: _____
(If applicant under the age of 18)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Age: _____

Acknowledged:

Next Level Performance, Inc. Representative