Health Questionnaire

Part 1: Athlete Information (Please print clearly)

Athletes Name:
Date of Birth & Age:
Address:
Email (Personal & Parent):
Phone Number (Personal & Parent):
Sport(s) (Please include specific positions):

Part 2: Injury History (Please be as specific as possible)

1.) Have you ever-experienced low back pain? Yes or No
If yes, please describe the pain, how and when it occurred and if it re-occurs.
2.) Have you ever had a shoulder dislocation or subluxation? Yes or No
If yes please explain how, when, either right/left/both, and if you have had surgery?
3.) Have you ever had knee pain or a knee injury? Yes or No
If yes please explain how, when, either right/left/both, and if you have had surgery?
4.) Have you ever had any surgical procedures, incidents or injuries in the past?
For example: Hernias? Concussions? (Please consider recent months) If yes, please describe.

Who are U?

1.) What's the primary reason for participating in our training program?
2.) What are your hobbies?
3.) What's your favorite food?
4.) What's your stress relieving getaway place or activity?
5.) What are your future athletic goals (i.e. Make the varsity squad, become a starter for your club, receive a collegiate scholarship, etc.)?

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the events and activities involved in/related to The U of Strength LLC ("UofS") training program ("The Program"), the undersigned, _____ , ("Participant") acknowledges and agrees that:

1. The risk of serious injury from participation in The Program is significant, including the potential for permanent paralysis and/or death ("Program Risk"), and while particular rules, equipment, and personal discipline may reduce this risk, this Program Risk will remain due to the nature of The Program;

2. I knowingly and freely assume any and all Program Risk(s), whether known or unknown, even if arising from the negligence of the Releasees (as defined below) or others, and assume full & complete responsibility for my participation;

3. I willingly agree to comply with all terms and conditions for participation provided to me by UofS or Releasees at any time, whether written or verbal. I agree that if at any time I observe any unusual or significant hazard related to The Program or my participation, I will remove myself from participation and immediately bring such to the attention of UofS so it may promptly address it;

4. I, for myself and on behalf of my heirs, assigns, personal representatives, agents and next of kin, hereby release and hold harmless UofS, its owners, officers, officials, agents, employees, contractors, The Program, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct The Program's event or activity ("Releasees"), from any loss or damage to person or property and with respect to any and all injury, disability, death, whether arising or resulting from the negligence of UofS or the Releasees, or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS AND WAIVING AND RELEASING ANY CLAIMS I MAY HAVE BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY OTHER INDUCEMENT.

Participant name: _____

Participant signature: _____ Date: _____

Parent or legal guardian name (if under 18): _____

Parent or legal guardian signature: _____ Date: _____

PROGRAM ATTENDANCE, CANCELLATION AND SCHEDULING POLICY

At The U of Strength LLC ("UofS"), we strive to provide a consistent, organized, and high-quality training experience for all participants. To maintain appropriate scheduling and program availability, the following policies apply:

1. Cancellation & Schedule Changes

Participants and/or parents or legal guardians must provide a minimum of **24 hours' notice** for any session cancellation or requested schedule change.

All cancellations and schedule change requests must be communicated directly to UofS.

2. Missed Sessions & Make-Up Opportunities

Sessions canceled with at least 24 hours' notice may be eligible for rescheduling within the current program, subject to availability and approval by UofS.

Cancellations made with less than 24 hours' notice, including no-shows, will be considered completed sessions and are not eligible for make-up opportunities.

3. Program Session Expiration

All purchased or registered training sessions must be completed within the designated dates of the current program.

Unused sessions do not carry over, transfer, or accumulate toward future programs, training cycles, or registration periods.

Any unused sessions remaining at the conclusion of the current program will expire, regardless of the reason for nonattendance, except where otherwise required by applicable law.

4. Scheduling Availability

Make-up sessions and schedule modifications are not guaranteed and depend on available training times, program capacity, and approval by UofS.

5. Acknowledgment & Agreement

I acknowledge that I have read, understand, and agree to The U of Strength LLC's Program

Attendance, Cancellation & Scheduling Policy.

Participant Name: _____

Parent/Legal Guardian Name (if under 18): _____

Participant or Parent/Legal Guardian Signature: _____

Date: _____

EDUCATIONAL VIDEO RECORDING AND USE CONTENT

This consent is separate from the release of liability. Please select one option below. A parent or legal guardian must complete this section for a participant under 18.

If I select "I consent," I authorize The U of Strength LLC ("UofS") and persons acting on its behalf to record video and accompanying audio of me (or my minor child) during training sessions and related program activities for educational purposes.

Educational purposes include demonstrating training activities and movement concepts, reviewing performance, educating coaches and athletes, and developing instructional materials. Recordings may be edited and used in coaching reviews, presentations, workshops, educational courses (including paid courses), and educational content shared through UofS's website, social media, and other digital platforms. These uses may make my image, voice, and participation publicly visible.

This permission applies to my image, likeness, and voice in the recordings. UofS will not include my full name or my minor child's full name in public educational content without separate permission. This consent does not authorize unrelated advertising or endorsement uses.

I understand that no compensation is provided for authorized recording or use and that I will not review or approve each recording or final educational material before use. UofS will not knowingly edit or present recordings in a misleading or degrading manner.

Consent is voluntary. Declining consent does not affect eligibility to participate in The Program. If I decline, UofS will take reasonable steps to avoid intentionally recording me or my minor child and will exclude or obscure identifiable incidental footage before educational use.

I may withdraw consent for future recording and new uses by written notice to theuofstrength@gmail.com. Withdrawal takes effect when UofS receives the notice and has a reasonable opportunity to act on it. UofS will make reasonable efforts to remove previously posted recordings from channels it controls upon request, but cannot guarantee removal of copies already distributed, downloaded, or shared by others.

Select one option

☐ I consent to educational video recording and use as described above.

☐ I do not consent to educational video recording or use.

Participant name: _____

Participant signature (if 18 or older): _____ Date: _____

Parent or legal guardian name (if under 18): _____

Parent or legal guardian signature: _____ Date: _____