



Team Athena On-Track Waiver

Name _____ Birth date _____

Home/Cell Phone _____ E-mail: _____

Emergency Contact: _____/Phone: _____

1. List any surgeries you have had in the last 5 years:

2. List any allergies (i.e. medications, bee stings, etc...):

3. List any medications you are currently taking:

4. List any prior injuries:

5. List any other conditions that my interfere with your training:

Waiver:

ALL ATHLETES MUST READ AND SIGN, PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY. I acknowledge that participating in training sessions with Team Athena can be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS AND SUBSEQUENT TRAINING or RACING SESSIONS.** I certify that I am physically fit. I hereby take the following action for myself, my executors, administrators, heirs, next to kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I hereby waive, release and discharge from any and all claims, losses, or liabilities for death, personal injury, partial of permanent disability, property damage, medical or hospital bills, or theft which may arise out of or relating to my participation in these sessions. I agree not to sue, and to hold harmless Nikki Rafie, Team Athena, or Team Athena members or any and all persons, participants, or government agencies for any and all claims and liabilities that I have waived, released or discharged herein. I further acknowledge that Nikki Rafie does not claim to be a health care professional and her training program should not be considered as medical advice.

Signature _____

Printed Name: _____ Date: _____