



inspiration inc.

diamondlawg

Program Registration Form

Personal Details

Full Name:		Address:	
Gender:	Male Female	City:	
Phone #1:	() -	Prov:	
Phone #2:	() -	Postal Code:	
Date of Birth:		E-Mail:	

2009 Summer Team:	Level:
2009 Coach:	
Primary Pos:	Secondary Pos:

Health History (attach sheet if necessary)

Date:	Injury:
Treatment:	
Date:	Injury:
Treatment:	

Training History

Previous Experience in a Structured Program (circle all that apply) # of Years Exp: _____

Strength Training			Conditioning	
Machines	Free Weights	Tubing/Medicine Balls	Cardio	Agility

Program Options (please circle)

Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Def&mov't skills	Hitters Bootcamp	Hitting	Hitters Bootcamp	Strength&Cond	Skill Dev't	Skill Dev't
Strength&Cond	6 week prog.	Strength&Cond	6 week prog.		Strength&Cond *2 hour session*	Strength&Cond
						Not offered each week Seminar

Hitters Bootcamp - \$190 Tues **or** Thurs - \$360 for both days = \$ _____

Full Off-Season Program - *Sept-Dec* - Mon/Wed/Fri/Sat/Sun - \$2500 = \$ _____

Weekly Off-Season Program - *Sept-Dec* - Mon/Wed/Fri - \$1,250 = \$ _____

Weekend Off-Season Program - *Sept-Dec* - Sat/Sun - \$1,500 = \$ _____

Skill Development Sessions - *Sept-Dec* - Mon/Wed/Sat/Sun
 Mon-\$250 Wed-\$250 Sat-\$250 Sun-\$250 = \$ _____

Strength & conditioning Sessions - *Sept-Dec* - Mon/Wed/Fri/Sat/Sun
 Mon-\$250 Wed-\$250 Sat-\$500 Sun-\$250 = \$ _____

Payment By Cheque or Cash

1 Cheque #: _____ Cheque Amount: \$ _____	Subtotal = \$ _____
2 <input type="checkbox"/> Post Dated Cheques Cheque Amounts: \$ _____	GST = \$ _____
All cheques made payable to Inspiration Inc.	
3 Cash Total Cash: \$ _____	Grand Total = \$ _____

Policies and Procedures

- All sessions must be pre-paid. Post-dated cheques will be cashed on the 1st of each month
- Payments can be made by cash or personal cheque. All NSF cheques are subject to an additional \$25 fee.
- No make up sessions are available unless the athlete pays for facility rental. Cost available on request.
- Sessions are non-transferrable.
- No refunds available for sessions cancelled within 14 days of the advertised program start date.
- Sessions cancelled with more than 14 days notice will be charged a 25% administration fee.

Please read policies and procedures and initial: _____

Inspiration Inc.
 2154 Country Hills Circle
 Calgary, AB T3K 4Z2



inspiration inc.

Waiver and Release and Assumption of Risk Agreement

In consideration of me being permitted to participate in any way in the Miki Kawahara/Tricia Kawahara (hereafter referred to as Trainers) Personal Training Activities ("Activity") or the services of Diamondawgs/Inspiration Inc., I agree:

That as a customer, I, _____ (hereafter referred to as "I", or the undersigned), understand the nature of Strength & Conditioning or Skills Training activities and believe I am qualified to participate in such Activity. I have made certain representations as to my physical condition, workout regimen, and diet which cannot be confirmed or denied by my Trainers, Diamondawgs, or Inspiration Inc. Therefore, I am solely responsible for providing detailed, truthful, accurate, and ongoing information to my Trainers, Diamondawgs, and Inspiration Inc. Trainers may provide links or references to information provided by third parties for which it makes no representations or warranties thereto.

Please Initial _____

I agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. I FULLY UNDERSTAND that: (a) Strength & Conditioning and Skills Training Activities, including the use of equipment, involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to the Trainers and Diamondawgs/Inspiration Inc. or not readily foreseeable at this time; (d) I am voluntarily participating in these activities, using the equipment and machinery, with full knowledge, understanding, and appreciation of the dangers involved; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.

Please Initial _____

Under no circumstances, and under no legal theory, will Diamondawgs/Inspiration Inc. be liable to myself for any damages, including lost profits, lost time, or other indirect, special, incidental or consequential damages arising from my participation in any activities recommended, supervised, or instructed by Miki Kawahara/Tricia Kawahara, Diamondawgs/Inspiration Inc. or any of its authorized agents or from my use of equipment or machinery involved in the recommended or supervised activities. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Miki Kawahara, Tricia Kawahara, Diamondawgs, Inspiration Inc., any respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that it, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Please Initial _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as herein stated.

Please Initial: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE TRUTHFULLY COMPLETED THE REGISTRATION FORM, READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, HAD ANY QUESTIONS REGARDING THE ABOVE STATED INFORMATION ANSWERED TO MY SATISFACTION, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Date: _____

Client Name: _____

Client Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

(if client under 18 year of age)

(if client under 18 year of age)

Name of Witness: _____

Witness Signature: _____