

Application for Training



Date: _____

Athlete's Name _____ Parent/Guardian Name(s) _____

Athlete's Age _____ Athlete's DOB ____/____/____ Athlete's Grade in School _____

Address _____ City, State, Zip _____

Emergency Name _____ Emergency Number _____ Relationship _____

Mother's Cell _____ Mother's email _____

Father's Cell _____ Father's email _____

Athlete's Cell (if older than 18) _____ Athlete's e-mail _____

Athlete's Primary Sport _____ Athlete's Position(s) in Primary Sport (in order) _____

Secondary Sport(s) _____ Position(s) in Secondary Sport(s) _____

How did you hear about the Program? _____ Referral Name (if any) _____

Briefly describe the Athlete's goals: _____

In regards to the athlete's previous Speed/Strength training experience (please chose all that apply):

_____ No experience in Speed/Strength training _____ Have done other formal Speed training programs
_____ Have done other formal Strength training programs _____ No formal training, but works out on own

Please provide some further details in regards to the athlete's training history: _____

Has the athlete suffered any injuries that we should know about and/or do they suffer from any conditions (such as asthma, heart conditions, etc.) that we should be aware of (please describe in detail & attach another sheet if need be)?

Athlete's Signature _____ Date _____

(If athlete is over 18 years of age)

Parent/Guardian's Signature _____ Date _____

(If athlete is under 18 years of age)

OVER



Participant Contract

I understand that Thurman Hendrix may not always be the coach at, and leading every session. The session will be cancelled in the event that Thurman cannot find a suitable replacement. He will attempt to contact you beforehand, but due to unforeseen circumstances, this could also happen without notice.

I also agree to inform my performance coach of any injury, illness, or condition that arises after the time of this signing.

Athlete's Signature _____ Date _____
(If athlete is over 18 years of age)

Parent/Guardian's Signature _____ Date _____
(If athlete is under 18 years of age)

Waiver of Liability, Release of Claims, and Emergency Contact

I recognize and acknowledge that while training, there are certain risks of physical injury and agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participation in any and all activities with or associated with such training, which also includes the possible contraction of Covid-19. I hereby release, waive, discharge and covenant not to sue Neurobody Performance, Inc, its owners, operators, volunteers, interns, Thurman Hendrix, Amy Hendrix, the Amy Hendrix Living Trust, and other employees (hereinafter referred to as releasees) from all liability to the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premise or any facilities, equipment, programs, therein.

I agree to waive and relinquish all claims I may have as a result of participating in training sessions against the releasees. I hereby release and discharge the releasees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the training sessions. This includes training sessions that I may also be instructed to perform later on my own. I understand that I should not perform any exercise on my own that I do not fully understand or feel comfortable with. I also understand that I should not push myself to limits beyond what I feel comfortable in doing.

I further agree to indemnify and hold harmless and defend Neurobody Performance, Inc, its owners, operators, volunteers, interns, Thurman Hendrix, Amy Hendrix, the Amy Hendrix Living Trust, and other employees from any and all claims resulting from injuries damages and losses sustained by me whether caused by the negligence of the releasees and/or arising out of, connected with, or in any way associated with the activities of the training sessions.

EMERGENCY CONTACT

In the event of an illness, injury, or medical emergency arising during the course of the training sessions, I hereby authorize and give my consent to the releasees to secure any treatment deemed necessary for my immediate care by calling 911.

I have read and fully understand the above Waiver, Release of Claims, and Emergency Contact information. Participant and/or their legal guardian (if participant is under the age of 18) must sign below.

Athlete's Signature _____ Date _____
(If athlete is over 18 years of age)

Parent/Guardian's Signature _____ Date _____
(If athlete is under 18 years of age)

Promotional Release & Use of Home Security Cameras

Initial
(Optional) If accepted for training, I give Neurobody Performance, Inc, and Thurman Hendrix permission to publish in print, electronic, or video format the likeness or image of myself. I agree that these images may be used for a variety of purposes and that these images may be used without further notifying me. I release all claims with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I also understand that images will not be promoted in a manner that will jeopardize my NCAA or high school eligibility.

Initial
(Mandatory) Finally, I understand that the home is equipped with home security cameras and that my image will most likely be recorded. Videos captured via home security cameras will not be used for any type of promotional material.

Athlete's Signature _____ Date _____
(If athlete is over 18 years of age)

Parent/Guardian's Signature _____ Date _____
(If athlete is under 18 years of age)

Credit Card Authorization Form

All athletes must either have a credit card linked to their account for automated billing or you may choose to have money requested via Zelle.

- Current pricing and terms can be found online by visiting www.ThurmanHendrix.com. Pricing and terms may change at any time.
- Your card will be charged (or you will receive a Zelle request) at the end of every month based on your activity from the month prior.
- You will be emailed a Statement at the end of every month describing your activity and the amount that your card will be charged.
- All accounts delinquent by more than 15 days past the invoice/request date will be charged a \$25 late fee.
- Please contact Thurman directly if you need to update your card on file or Zelle contact info. He can be reached by email at Thurman@ThurmanHendrix.com or by phone at 630-363-6003.

Athlete's Name: _____

Email address of where to send the monthly statement _____

This email address belongs to _____ / _____
Name Relationship to Athlete

I prefer to pay via (please choose one):

Zelle: _____ **Date:** _____

Instead of keeping a credit card on file, I would like my monthly charges to be requested via Zelle. I understand that the **charges are due immediately** and **I must authorize to release the funds each time a monthly request is made.**

My Zelle account is linked to my (email / phone): _____
(Circle One)

This account belongs to _____ / _____
Name Relationship to Athlete

Zelle Accountholder's Signature _____

Credit Card on File for Automatic Billing: _____ **Date:** _____

I request that my monthly bill be **automatically charged** to the following credit card (please check one):

_____ Visa _____ MasterCard _____ Discover

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____ Cardholder's Billing Zip Code _____

Full Name on Card (Please Print) _____ CVV# _____

Authorization Agreement

I authorize Neurobody Performance, Inc. to charge my card for any outstanding balances as described and set forth above.

Cardholder's Signature _____