

MAXIMUM OVERDRIVE 2016

ESTABLISHING ELITE ATHLETES WITH PROVEN METHODS SINCE 2007

WHEN: May 23rd – August 13th, Monday through Friday at 10:00 am, 3:30 pm, 4:30 pm, 6:30 pm, and Saturday 10:00 am. Additional times will be added if necessary.

Session I: 5/23 – 6/18

Session II: 6/20 – 7/16

Session III: 7/18 – 8/13

WHO: Any athlete going into 9th grade and up.

WHAT: Over the course of 12 weeks, athletes will work diligently to improve their strength, speed, agility, endurance, lateral and linear efficiency, deceleration and landing technique, mobility, and flexibility.

- Each athlete will be required to reserve their class spot each day more than 90 minutes prior to their preferred time slot (example: if an athlete wishes to come at 3:30 pm, he/she must register online for that specific class on that given day no later than 2:00 pm). If an athlete shows up unregistered AND the class is already capped out, the athlete **will be sent home**. Each class will be capped at 15 athletes.
- Be on time! All athletes are responsible for their own water. Water can be purchased here at the facility. Each athlete is responsible for cleaning up after himself/herself. All trash **MUST** be thrown away at the end of each session. Dirty shoes are not permitted in the facility, so please bring a change of shoes.

- Unlimited Camp Sessions I, II, & III (5/23/16 – 8/13/16) \$540
- Unlimited Camp Sessions II & III 6/20/16 – 8/13/16 \$365
- Unlimited Monthly Camp Sessions I, II, **OR** III. \$200/MONTH
- Unlimited Camp Sessions with 3 Month Commitment. \$190/MONTH
- **A credit card must be kept on file for automated payments**
- 30 Strength & Conditioning Sessions. \$375
- **ALL SESSIONS IN THIS PACKAGE MUST BE USED WITHIN 4 MONTHS OF PURCHASE DATE**

Please number within each box your preferred time slot (1=most preferred through 4=least preferred). If you prefer a time not listed, please enter a desired time under "Other." This will only be granted based on demand.

10:00 am 3:30 pm 4:30 pm 6:30 pm Other __:__

Athlete's Name: _____ Date: _____

School: _____ Grade: _____ DOB: _____

Parent's Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

How did you hear about us? (Please circle all that apply)

Coach _____ Event _____ Friend _____ Newspaper/Magazine _____ Online _____ Other _____

Payment Type: (Please circle) Cash Check Credit Card

For Credit Card Payments (if not present or for automated payments:	
Cardholders Name: _____	Amount to be charged: _____
Signature of Cardholder: _____	
AMEX MasterCard Visa Discover Card Number _____	
Expiration Date: _____	CVV: _____

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **OVERDRIVE FITNESS CORP** program, its related events and activities, I, _____, the undersigned, acknowledge appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of **OVERDRIVE FITNESS CORP** immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **OVERDRIVE FITNESS CORP**, GMD Bodywork Inc., All County Properties, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS. UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ AGE: _____ Date Signed: _____
Signature of Participant

FOR PARENT/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my child, and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
Parent/Guardian Signature Print Name