

# **MOBSA, LLC**

## **Mind Over Body Speed & Agility Training**

### **MOBSA TRAINING AGREEMENT FORM**

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each player involved while my group is a client of MOBSA, LLC. This includes every private group session scheduled with MOBSA, LLC & our group.

Group & Team Sessions are required to PRE-PAY for all scheduled training sessions.

To reserve additional time, a non-refundable deposit of half the amount due must be paid at time of booking with the remaining due on the first session of that reservation. Simply contact our Business Manager to reserve group sessions.

All pre-paid training sessions are non-refundable but may be rescheduled for the entire group with 48-hour advance notice of the cancellation for the scheduled session. The reschedule is contingent upon the trainer and facility/location availability. Up to two alternate dates will be offered for the reschedule. If the client declines to reschedule date the training service date within 72 hours of initial cancellation the training session will be forfeited by the client. There will NOT be make up sessions for individual participants who miss their scheduled group session.

Space is reserved based on the size of your group when making your reservation with MOBSA, LLC. This agreement states space will be secured and provided by (permits will be held by responsible party for training venue sessions):

\_\_\_\_\_ **MOBSA, LLC**     or     \_\_\_\_\_ **said client**

If MOBSA, LLC, without 48-hour advance notice, cannot honor a contracted group session, a free session will be issued to the small group/ team in addition to the contracted session being rescheduled.

Your group will be assigned a primary trainer. **MOBSA, LLC** reserves the right to assign another trainer if your primary trainer is unavailable for one of your group sessions.

All payments will be made with check (MOBSA, LLC) and a receipt can be issued upon request. One form of payment is preferred for the entire group or all payments may be collected and presented in a lump sum.

**Owner: Geoffrey Awadey | Phone: 303-842-2681**

**Email: [MOBSAtraining@gmail.com](mailto:MOBSAtraining@gmail.com)**

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All participants must have a current MOBSA, LLC release on file before participating in training. Participants must also sign- in upon entering the facility each time. If there are any questions or concerns regarding the terms, conditions, and policies implemented by MOBSA, LLC, please discuss them with the owner of MOBSA, LLC or the Business Manager or e-mail info@mosba.com

By signing below you fully understand and agree to the terms listed above and will communicate these policies with my group. \_\_\_\_\_

Client's Contact Name: \_\_\_\_\_

Client's Team Name: \_\_\_\_\_

Clients Team Sport: \_\_\_\_\_

Clients stated # of participants: \_\_\_\_\_

Dates of contracted sessions shall run from:

\_\_\_\_\_ to \_\_\_\_\_ for a total of six (6) training sessions by **MOBSA, LLC**

Price per participant:

\_\_\_\_\_ Per session X # of \_\_\_\_\_ participants = Total Price \$ \_\_\_\_\_

Signature Date \_\_\_\_\_

\_\_\_\_\_ E-mail

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Special Needs

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#### Client (participant) Information Form:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### WAIVER FORM

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or symptoms, our training could be contraindicated. A referral from your primary physician may be required prior to our sessions.

#### Comments:

Release and Liability waiver- in recognition of and with knowledge of the fact that engaging in any form of physical activity involves a substantial risk of personal injury, I, the undersigned, warrant that I (Athletes Name) \_\_\_\_\_ am in good physical condition and hereby agree to assume the risk of any injury that may result from the participation of activities at The MOBSA LLC Speed and Agility Training

#### Training:

Therefore, in consideration for being permitted to participate in such event, I hereby release, waive and forever discharge The MOBSA LLC Speed and Agility Training from any and every claim, demand or act of whatever kind, arising from any Bodily Harm, Personal Injury or Death resulting from an accident which may occur as a result of participation in such an event. Further, and to the same extent and scope, I release said parties from any claim whatsoever which may be attributed to the receipt of First Aid or other Emergency Treatment rendered me in connection with my participation in such an event. I also give my permission to allow my Child/ Athlete to be photographed for promotional or publicity purposes. I, the undersigned have answered all medical questions as honestly as possible. I, the undersigned, affirmatively swear that I am the Parent or Legal Guardian of the participant and am fully competent to and do hereby execute this release and waiver on behalf of that individual, Heirs or Assigns. I further represent and warrant that I have read and fully understand the terms of this Document and their Legal significance. In witness where of I have voluntarily and without inducement from any party executed this release and waiver.

Signature of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Client (participant) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?

Do you feel pain in your chest when you perform physical activity?

In the past month, have you had chest pain when you were not performing any physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Do you know of any other reason why you should not engage in physical activity?

*If you answered "YES" to one more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "YES" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*

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### ATHLETE'S MEDICAL HISTORY

Client (participant) Name: \_\_\_\_\_

Date: \_\_\_\_\_

Have you ever had any pain or injuries (ankle, knee, hip back, shoulder, etc.)? (If yes, please explain.)

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Have you ever had any surgeries? (If yes, please explain.)

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Has a medical doctor diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)-

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Are you currently taking any medication? (If yes, please explain.)

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Signature Of Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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