

SEALSfit Program Application

September 24, 2018 to November 8, 2018

(Classes held Mon, Weds, Fri -- 4pm-6pm, every week, including holidays)

1. Name: _____ Date _____
2. Address: _____
(Street) City/Town State Zip Code
3. Tel. No. _____ E-mail Address _____
4. Date of Birth _____ School _____ Grade Level _____
5. Outfit Info: a) Height _____ b) Weight _____ c) Shoe Size _____ Men's / Ladies' (Circle one)
d) Men's T-Shirt Size (XS, S, M, L, XL)
e) Men's Pant/Short Size (XS, S, M, L, XL) Who recruited you? _____
6. Are you currently a member of a high school sponsored sports team or have you been a member in the last 12 months? Yes No
7. Why do you want to participate in the SEALS-Fit program? (Use back if needed)

Location: Portland Police Department, 109 Middle Street and Back Cove Athletic Fields, Preble St. Extension

CERTIFICATION OF COMMITMENT

If chosen to participate in the SEALSfit Program, I do hereby promise and commit to attend all 21 sessions of the program. If circumstances beyond my control prevent me from attending a particular session, I promise to notify the program coordinator at least 24 hours before the time of the session. I acknowledge that my failure to meet this commitment may result in my removal from the program.

Date _____ Name _____

7. Any specific dates you currently know you are not available between: September 24th and November 8th. Please list:

I understand and have familiarized myself with the SEALSfit program in which I give consent to have my child participate and acknowledge that there are potential hazards and dangers in program events and acknowledge that, although the SEALSfit program directors have taken safety measures to minimize the risk of injury to program participants, SEALSfit directors cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further have instructed my child in the importance of knowing and abiding by the rules, regulations and procedures for the safety of all program participants. I also acknowledge that I am responsible for providing transportation for my child, to and from each class session.

Date:	Parent/Guardian Signature
Telephone:	Email address:

*** Parent/Guardian will be contacted by SEALSfit staff to confirm information/commitment to attend.**

GENERAL CONSENT AND RELEASE RELATED TO
THE USE OF PHOTOGRAPHIC IMAGE or VOICE RECORDING

I, on behalf of myself, my heirs, administrators, executors, or assign, hereby agree that the Maine Leadership Institute, a Maine Not-for-Profit Corporation, and its affiliates (together "MLI") shall have the right to record my participation, appearance, image, likeness and voice on video tape, audio tape, film, photograph or in any other medium and to publish or sub-license the same in any form of publication, including but not limited to print, electronic, video or Internet. I hereby unconditionally and irrevocably consent to MLI's use of such materials for any commercial purpose, in perpetuity. I understand that by so agreeing and consenting, I have forever waived (i) any right to require payment from MLI use of these materials by it or those acting pursuant to its authority and (ii) the right to object to the use of such materials for any purpose permitted by this General Consent and Release, including, MLI'S publishing, printing, displaying, exhibiting, distributing or otherwise publicly using any such materials for any legal purposes. I understand the foregoing consent and release grants MLI the right to edit, crop, retouch or otherwise reasonably alter such materials, at its discretion. Furthermore, I understand and agree that any intellectual property rights associated with such materials are the sole property of MLI.

I hereby release and hold harmless MLI and their employees, agents and personnel for, from and against any and all claims for damages that I may have (including, but not limited to, claims for compensation, royalties, invasion of privacy, negligence, misappropriation or defamation) arising out of the use of my participation, appearance, image, likeness and voice pursuant hereto and furthermore covenant not to sue MLI. I have read and understand the foregoing General Consent, Release and Covenant Not to Sue and I represent that I am, I am not (circle one) eighteen years of age or older.

Name: _____

Signature: _____

Date: _____

If the individual signing this General Consent and Release is under the age of eighteen (18), his/her parent/guardian must sign below.

I certify that I am the parent or guardian of the individual who signed this General Consent and Release above and we agree to be governed by the terms and conditions of this General Consent and Release.

Name: _____

Signature: _____

Date: _____

Date:	Parent/Guardian Signature
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WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in the SEALS-Fit Leadership Program (the "Program") and related events and activities, I agree that:

- 1) Potential hazards and dangers may arise from my participation in the Program, including but not limited to physical injury, illness, and any discomfort resulting from strenuous activity. I acknowledge that, although SEALS-Fit ("Seals-Fit" shall be defined herein to include Directors, employees, and agents of the Program) has taken every reasonable precaution to reduce the risk of injury to Program participants, SEALS-Fit cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries; 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 agree to know and abide by the rules, regulations and procedures for the safety of all program participants. If I observe any hazard during my participation in the program, I will remove myself from participation and bring this hazard to the attention of the nearest seminar trainer immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Patient Performance Institute, LLC, the Maine Leadership Institute, the Portland Police Department and the Westbrook Police Department as well as their respective officers, officials, agents, instructors and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of any property used to conduct the seminar sessions ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I further understand that none of the RELEASEES named herein are or shall be considered to be agents, officials or employees of the other RELEASEES named herein.

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.

_____ DATE SIGNED: _____
(Participant's Signature)

FOR PARTICIPANTS UNDER AGE 18 AT THE 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 of all the Releasees, and for myself, my 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 this program as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____ DATE SIGNED: _____
(Parent/Guardian Signature)
Emergency Phone Number: (_____)_____

GENERAL PHYSICAL HISTORY

- | | | |
|--|---|---------------------|
| 1. Have you ever passed out during or after exercise?..... | Yes | No |
| 2. Have you ever been dizzy during or after exercise? | Yes | No |
| 3. Have you ever had chest pains during or after exercise?.... | Yes | No |
| 4. Do you tire more quickly than your friends during exercise? | Yes | No |
| 5. Have you ever had high blood pressure?..... | Yes | No |
| 6. Have you ever had a racing heart beat?..... | Yes | No |
| 7. Have you ever had skipped heart beats?..... | Yes | No |
| 8. Have you ever been knocked out or become unconscious? | Yes | No |
| 9. Have you ever had a seizure?..... | Yes | No |
| 10. Have you ever had a stinger, burner or pinched nerve? .. | Yes | No |
| 11. Have you ever had heat or muscle cramps?..... | Yes | No |
| 12. Have you ever been dizzy or passed out in the heat?..... | Yes | No |
| 13. Do you have any chronic health concerns?..... | Yes | No |
| If so, please describe. | Asthma Headaches, Migraines | Back pain or injury |
| | Knee or ankle weakness Other _____ | |
| 14. Have you ever sprained, strained, dislocated, fractured, broken, or had repeated swelling or other injuries to any of your body areas? | Yes | No |
| If so, where? | Head Shoulder Leg Neck Chest | |
| | Arm, Hand Ankle Back Hip Foot | |
| 15. Do you have any allergies? | Yes | No |
| 16. List any medications you take: _____ | | |

Use the space below to explain and/or provide more detail about the questions to which you responded "Yes". (Use back if need more room.)

17. I consider myself in (good, fair, poor, very poor) physical shape. – Circle one

Injury/emergency contact: Name _____

Relationship _____ Telephone/Cell Number _____

I confirm that the general medical history provided above is true and accurate.

Date:	Parent/Guardian Signature
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For Official use only.

Comments: _____

Please return application to: Mr. Richard Borts, Maine Leadership Institute, P.O. Box 17738, Portland, Maine 04112.