

**Performance Enhancement Plus  
Waiver and Consent Form**

In the consideration of the opportunity afforded by me in the Performance Enhancement Plus (P.E.P.) program, sponsored by Sports Plus, I hereby knowingly, freely and voluntarily waive any right or cause of action, or any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to Sports Plus, West Tennessee Healthcare, Jackson-Madison County General Hospital District and any of its staff.

I understand that I will be performing exercises and be involved in moderately strenuous activities. I understand that, as in any such undertaking, the possibility exists that I could be injured by physical contact, strain or sprain, with resulting damage to muscle, bones, joints or ligaments. I further understand that I could sustain damage to my heart or respiratory system, which could result in injury or death. Knowingly that there are possible risks and agree that should any such injury, death or damage occur, I will not hold Sports Plus, West Tennessee Healthcare, Jackson-Madison County General Hospital District and any of its staff responsible.

**I present to Sports Plus and the PEP program that I do not have any disease, injury, impairment or condition of ill health, which would prevent me from safely participating in this program.**

I understand that my participation in this program is voluntary and have freely executed this Waive and Consent knowing of the risks incident to my participation in the program with the intent of absolving Sports Plus, its agents, employees or departments of any and all liability for injury, death or damage occurring as a result of my participation in the program.

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Signature of Parent or Guardian

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Witness

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Signature of PEP participant

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Date