Fill out your child's information below

Name: _____

Grade and Graduating Year: _____

School: _____

Sports: _____

Select and Initial Your Plan

Vargo Trained Plans	Developmental/Lil' Movers Plans
3 Month Initial Commitment ☐_____ Includes $250/month for 3 full consecutive months contract and then month to month payments at the same rate.	Developmental Options: Member 1 - $250 month to month ☐_____ $225/month, 6 month consecutive month contract ☐_____ $195/month, 12 consecutive month contract ☐_____ **Vargo, Developmental, Lil' Movers & FIT Groups Household Discounts:** Family member 1- $250/month, month to month Family member 2 - $99/month, month to month Every additional member after 2 - $50/month each, month to month

Complete this Checklist before turning in your Waiver

- ☐ **All pages of waiver filled out completely**
- ☐ **ACH Form (final page of waiver) filled out**
- ☐ **Voided check attached to ACH form**
- ☐ **If starting after the 12th of the month, Prorated first month check or cash brought to first session**
- ☐ **8th grade and up minimums discussion with Zach Vargo (937-409-4545)**
- ☐ **Above information filled out completely**
- ☐ **3 month commitment understood and agreed upon**

SCHOOL:_____ GRADE_____
\T:_____ IG:_____ Referred by:_____

All 6 pages must be completed ahead of anyone participating in any program held by at The Athletic Proving Grounds in Tipp City / The Halls of Hanover Gym in Minster.

If the participant is under 18, a legal guardian must complete the documents.

PARTICIPANT NAME: FIRST_____LAST_____

Release and Waiver of Liability and Indemnity Agreement (Read Carefully Before Signing)
In consideration of being permitted to participate in any way in the Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s) indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:
1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s), or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understand and acknowledge that: (a) There are risks and dangers associated with participation in Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s) events and activities which could result in bodily injury, partial and/or total disability, paralysis and death. (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe. (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below. (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

Member/Guardian Initials _____

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s) facility used by the participant , including its owners, managers, promoters, lessees of premises used to conduct the Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s) event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s) facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as “Releasee”...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

Release and Waiver of Liability and Indemnity Agreement (Read Carefully Before Signing)

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

Member/Guardian Initials _____

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.
Facility Name: The Athletic Proving Grounds, operated by Vargo Family Holdings LLC.
Facility Address: 475 South First Street Tipp City, OH 45371
AND
Facility Name: HOH Gym, operated by Vargo Trained LLC.
Facility Address: 86 N. Hanover St. Minster, OH 45865

Parent or Guardian Signature (if minor) _____
Parent or Guardian Signature (if minor) _____
Printed Name of Participant _____
Participant Address:
_____
_____
_____ Date _____

EMERGENCY CONTACT

Name of Participant _____
Address of Participant _____
_____
Date of Birth ___/___/___
Allergies _____
_____
_____
Medications _____
_____
_____
Primary Emergency Contact Name _____
Address _____
_____
Telephone (____) ____-_____ Telephone (____) ____-_____
Secondary Emergency Contact Name _____
Address _____
_____
Telephone (____) ____-_____ Telephone (____) ____-_____

Member/Guardian Initials _____

ATHLETIC CONSENT FORM

Name of Participant _____

Address of Participant :

_____
_____
_____
Name of Organization(s)
Athletic Testing/ FIT Groups / MaS / Athletic Proving Grounds/
Volt/Vargo Trained/Vargo Family Holdings
Address of Organization:
475 South First Street Tipp City, OH 45371
AND
86 N. Hanover St. Minster, OH 45865

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in recreational activities and athletic activities. These risks and dangers may be caused by the action, inaction or negligence of the participant or others. There may be other risks not known or reasonably foreseeable at this time.
I, the undersigned accept and assume such risks and responsibility for the losses and/or damages following such injury, however caused, and whether caused in whole or in part by the negligence of the Participant named above.
I understand the intensity of the given activity. If the above Participant has a temporary restriction (sickness, sprain or soreness) I will inform the appropriate instructor on a daily basis in writing.
Having read the above statement I am aware of the inherent risk of injury involved in athletic participation. Finally, I understand that in accepting the risks associated with athletic participation I will also share the responsibility of minimizing those risks.

Signature of Parent/Guardian (participant if 18+) _____

Date _____

Member/Guardian Initials _____

MEDIA CONSENT FORM

I, the undersigned, accept and acknowledge that there should be no assumption of privacy while interacting with or participating in Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s), their representatives, and those acting under their permission and upon their authority. I hereby consent that all interactions past and information involved in the aforementioned programs are subject to, photographs, videos, recordings, and dissemination **including but not limited to personal conversations and discussions of medical / personal happenings involving myself/the participant that I have the authority to grant consent may be published** as photographs, recordings, audio, and videos may appear on social media, billboards, commercials, newspapers, radio and/or other forms of communication in the future.

I hereby grant Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s), their representatives, and those acting under their permission and upon their authority, permission to take and use my/my child's video/photographic image and audio for the production of video, printmaking, and other media uses and/or other forms of communication in the future.

I hereby consent that such information, photographs, videos, and the recordings made shall be the property of the Athletic Testing/ FIT Groups / M.O.S.T / Athletic Proving Grounds/Volt/Vargo Trained/Vargo Family Holdings Program(s); they shall have the right to duplicate and reproduce such information, photographs, videos, and the recordings.

On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. I understand that the use of photographs, recordings, audio, and videos may appear on social media, billboards, commercials, newspapers, radio and/or other forms of communication in the future and the use of will not be monetarily or otherwise compensated.

On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

IN WITNESS WHEREOF I have hereunto set my hand in the State of Ohio, this _____ day of _____, 20_____.

Child's name (or mine if 18+) _____Child's age (or mine if 18+) _____

Name of parent / guardian (or mine if 18+) _____

Signature of parent / guardian (or mine if 18+) _____

Address

_____

_____

_____ Phone Number _____

Member/Guardian Initials _____

Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signer on the Depository Account presented, by completing and signing this form you give Vargo Trained LLC. permission to charge/debit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until Vargo Trained LLC. has received written notification from you of its termination, and the balance relative to terms/contracts is paid in full.

Please fill out the information below and attach a voided check to the top half of this form

I, _____,as an authorized signer of the account associated with the voided
(Full name)
check attached to this form, give Vargo Trained LLC. permission to charge/debit my account for the monthly rate listed below respective to how many family members I have participating in programs attached to Vargo Trained LLC. recurring on or around the eighth of each month on or after _____.
(Today's Date)

Billing Address _____ Phone#_____

City, State, Zip _____ Email_____

Frequency: One withdrawal on or around the 8th of each month. New families in the 7th-college Vargo Trained program will be charged a minimum of three months from their start, regardless of attendance/meeting program expectations to remain eligible to attend sessions.

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of $25 may be charged by Vargo Trained LLC. to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Vargo Trained LLC. to charge/debit the account associated with the voided check attached to this authorization form according to the terms outlined above. This payment authorization is for the rates indicated below and only for the occurrences indicated. I certify that I am an authorized signer of the account associated with the voided check attached to this authorization form. I understand that any trailing account balance that may remain after I have revoked authorization will be charged to completion.

SIGNATURE _____ DATE _____

Vargo Trained Monthly Rates (3 month initial commitment)	**Developmental/Lil' Movers Plans (check and initial your plan)**
One Family Member - $250	Developmental Member 1 - $250 month to month ☐_____
Two Family Members - $99 for second ($349 total)	$225/month, 6 month consecutive month contract ☐_____
Every additional family member after two - $50 each	$195/month, 12 consecutive month contract ☐_____
Discounts apply across all programs offered	Family member 2 - $99/month, month to month Every additional member after 2 - $50/month each, month to month

TO STOP RECURRING PAYMENT, TEAR OFF THIS SLIP AND TURN IT INTO VARGO TRAINED LLC. WITH YOUR SIGNATURE BY THE 5TH OF THE MONTH.
-IF ONE SESSION IS ATTENDED IN THE CALENDAR MONTH, THAT ENTIRE MONTH WILL BE CHARGED.
-IF ZERO SESSIONS ARE ATTENDED IN A CALENDAR MONTH, YOU WILL STILL BE CHARGED FOR THAT MONTH IF WE ARE NOT NOTIFIED WITH THIS SLIP BY THE 5TH OF THAT MONTH.
-CONTRACTS WILL BE CHARGED TO COMPLETION REGARDLESS OF ATTENDANCE.
-TRAILING ACCOUNT BALANCES WILL BE CHARGED TO COMPLETION

I, _____,hereby **Revoke my Authorization** for the charges/debits to the account as of _____. I understand that my
(Today's Date)
right to place a stop payment exists only as long as I request and deliver this written stop payment notice by the 5th of the month of the upcoming withdrawal date, and my trailing account balance from the date of this submission is paid in full.

Member/Guardian Initials _____