

# SMFI RSVP

**Print Name:** \_\_\_\_\_

**Official Position:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Projected 40yd Time:** \_\_\_\_\_

**T-shirt Size:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Disclaimer:**

For and in consideration of the acceptance of the program and mutual agreement of the parties hereto, the undersigned herewith discharges and releases the Sports Medicine and Fitness Institute. Of and from all claims, suits, causes of action in any way arising out of or pertaining to the program of the condition of the undersigned for any reason, whether in warranty, tort, or contract, and makes this disclaimer forever discharging the Sports Medicine and Fitness Institute of and from any responsibility or liability in any way arising out of the participation or pertaining to the program or the examinations prior thereto.

**Signature:** \_\_\_\_\_

Send in mail to 2221 Old Columbiana Rd, Vestavia Hills, AL 35216. Also include 40\$, cash or check, payable to Sports Medicine and Fitness Institute.

Please email or call me if you have any questions at all,  
Todd Polhemus  
205-979-6100  
[getspeedwork@hotmail.com](mailto:getspeedwork@hotmail.com)