

Waiver and Release of Liability

DISCLAIMER: I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing I am obligated to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act and I understand by signing this form I am waiving my legal rights.

PARTICIPANT INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
DATE OF BIRTH	MOBILE PHONE ()	WORK PHONE ()	EMAIL
ADDRESS			
STREET ADDRESS		CITY	STATE ZIP
IN CASE OF EMERGENCY			
EMERGENCY CONTACT NAME			
MOBILE PHONE	WORK PHONE	EMAIL	THIS PERSON IS MY: () Spouse () Friend () Other: _____
EXPRESS ASSUMPTION OF RISK			
INITIALS: _____	I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above-mentioned risks may result in serious injury or death to myself and/or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity while at the gym. I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.		
RELEASE			
INITIALS: _____	In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at Rodgers Strength LLC (d/b/a "Freedom Strength"), I, the undersigned hereby release Rodgers Strength LLC, the event sponsoring facility, and their principals, agents, employees, and volunteers from any and all liability, claims, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above-mentioned parties. This agreement shall be binding upon me, my successor, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Freedom Strength to administer first aid deemed necessary, and in case of serious illness or injury, grant permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.		
INDEMNIFICATION			
INITIALS: _____	The participant recognizes that there is risk involved in the types of activities offered by Freedom Strength. Therefore, the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned or anyone acting on their behalf, be required to incur attorney fees and cost to enforce this agreement. I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Freedom Strength their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Freedom Strength.		
PHOTO & VIDEO RELEASE			
INITIALS: _____	I hereby give permission for the use of my likeness in photographs and video to be used for the purposes of marketing, training related reports, and publications and waive any right of compensation of ownership thereto.		

Signature of Participant: _____ **Date:** _____

If the Participant is under the age of 18, Signature of Parent or Guardian: _____

Printed Name of Guardian: _____ **Date:** _____