

Participant Information and Wavier



Name: _____

Date of Birth: _____

Address: _____

Telephone Work _____ Home _____ Cell _____

Email: _____

In case of emergency, I would like STRONG GRIP to call:

Name: _____ Relationship: _____

Telephone Work: _____ Home: _____ Cell: _____

May we add you to our mailing list to keep you updated on STRONG GRIP HQ functions?

YES ___ NO ___

May we add pictures and video on stronggrip.net website and all of our social media links?

YES ___ NO ___

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

STRONG GRIP

info@stronggrip.net

Express Assumption of Risk

I am aware that all who wish to engage in intense physical activity should seek the advice of a physician, and agree that I have ample opportunity to do so at my expense.

I am aware that significant risks are inherent 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 me, my training partner, or other people around me, *injury or death* due to improper use of, or failure of, equipment.

I am aware that any of these risks may result in serious injury or death to me and to others. I willingly assume full responsibility for these risks and accept full responsibility for any injury or death that may result from participation in any activity, training, or class of instruction while at, or offered by, STRONG GRIP. I acknowledge this Express Assumption of Risk, and state that I have no physical impairments or illnesses that will endanger me or others.

Express Considering the above-referenced risks and hazards, and that I willingly and voluntarily participate in the activities available at STRONG GRIP, I release, STRONG GRIP LLC, including their owners, principals, agents, employees, and volunteers, from any and all liability, claims, demands, 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 is and will remain binding upon me, my successors, representatives, heirs, executors, trustees, assigns, or transferees. If any portion of this agreement is held invalid or unenforceable, I agree that the remainder of the agreement remains in full legal force and effect.

Indemnification

Participant (including parent or guardian) recognizes that risk is involved in the types of activities offered by STRONG GRIP. Therefore, PARTICIPANT accepts financial responsibility for any injury that PARTICIPANT may cause either to self or to others due to PARTICIPANT'S negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees or other costs to enforce this Waiver, I agree to reimburse them for all fees and costs. I further agree to indemnify and hold harmless STRONG GRIP, their principals, agents, employees, and volunteers from liability for the injury or death of all persons and damage to all property that may result from my negligent or intentional act or omission while participating in activities offered by STRONG GRIP.

Permission to render First Aid

If I am signing on behalf of a minor, I also give full permission for any person connected with STRONG GRIP to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical or surgical care for the child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.

INITIALS _____

- I have read this entire WAIVER, and I understand and accept it in its entirety.
- I understand the ASSUMPTION OF RISK AND RELEASE OF LIABILITY.
- I understand that my signature obligates me to indemnify STRONG GRIP and _____ for injury or death of any person and for property damage caused by my negligent or intentional act or omission.
- I understand that by my signature I waive valuable legal rights.
- I accept these obligations and limitations of my own free will.

Signature of participant _____

Date _____

If the participant is under the age of 18:

Signature of Parent or Guardian _____

Date _____

Printed Name of Parent or Guardian _____