



Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Ph # : \_\_\_\_\_ Cell Ph # : \_\_\_\_\_

In an emergency, I would like StrengthFarm LLC to Call: \_\_\_\_\_ at Phone # \_\_\_\_\_

### Photography/Video Release

Participants involved in any activities offered by StrengthFarm LLC may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the StrengthFarm LLC website or in any editorial, promotional or advertising material produced and/or published by StrengthFarm LLC.

Initials: \_\_\_\_\_

### Waiver and Release of Liability

**Express assumption of risk:** 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; strains and sprains. 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 or class while at, or under direction of StrengthFarm LLC.

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger myself or others.

Initials: \_\_\_\_\_

**Release:** 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 offered by StrengthFarm LLC, I, the undersigned hereby release StrengthFarm LLC, their 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 shall be binding upon me, my successors, 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 StrengthFarm LLC to administer first aid deemed necessary, and in case of serious illness or injury, I give 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 well being of the child.