## ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT

Participant's Name:	Date:
I, the undersigned and aforementioned, Individually, and executors, personal representatives and successors (colle voluntarily, and without duress execute this Assumption (Agreement (referred to herein as the "Agreement") under	ctively referred to herein as the "Participant") freely, of Risk, Release and Waiver of Liability, and Indemnity
<b>1. PHYSICAL CONDITION.</b> I certify that I am in good phys medical defect or condition that prevents or limits my pa condition that would make such Activities inappropriate f condition which would endanger myself or others.	rticipation in any Activities described herein, or any
2. RELEASE OF LIABILITY & INDEMNIFICATION. I underso strenuous physical activity offered by Katrina N. Repman, their respective subsidiaries and affiliates (collectively referragents, assistants, broadcasters, coaches, instructors, emlicensees, Location owners/lessors (including James M. Esmembers, officers, operators, organizers, owners, particular videographers, and volunteers shall collectively be referred agree to discharge, release, hold harmless, defend and inclaims of liability past present and future, including but no	Christopher P. Cox Jr., Empowered Acro, and each of red to hereinafter as "EA"). Hereinafter, EA, its affiliates, ployees, contractors, guests, hosts, invitees, lessors, spy II, Julie C. Espy and LCFRE Austin Brodie Oaks, LLC), cipants, photographers, representatives, suppliers, ed to as the "Released Parties." <i>I hereby expressly</i> indemnify the Released Parties from any and all
injuries, cervical injuries, damages, death, disabilities, frac	· · · · · · · · · · · · · · · · · · ·
ordinary negligence, paralysis, personal injuries (whether damage, property loss, soft tissue injuries, spinal injuries, to my participation in each and every one of the Activities	permanent, temporary, partial or total), property and/or wrongful death that may arise from or relate
(a) ACTIVITIES. I understand that such activities, boto: acro, acrobatics, acroyoga, activities, calisthenics, circu conditioning, cross-fit, dance, demonstrations, education, ehosted events, instruction, jams, open gym, lessons, mass events, sponsored events, spotting, strengthening, stretch yoga (sometimes collectively referred to herein as the "Acti and involve balance, height, and rotation in a unique environment of the control of th	oth individual and/or partner, include but are not limited us arts, cheerleading, classes, coaching, competitions, events, exercise, exhibitions, flow arts, gym, gymnastics, sage, partner yoga, practices, seminars, shows, special hing, therapeutics, training, weight lifting, workshops, vities"). I understand that said Activities can be vigorous nments and pose significant risks of injury and/or deathed that mats, props, equipment and apparatus may be and without limitation, the participation of a coach, no may or may not be trained] who will spot or assist or prevent serious injury. I understand that the risk of
	i <b>d spotters, but never emminated.</b> : forth herein may be indoor or outdoor, and may take
place at Traditional Martial Arts Academy, Krav Maga, LL TCMAF, Inc., and/or any other location, premises or site which dance studios, fitness clubs, gyms, gymnastic facilities, hotels, yoga studios (sometimes collectively referred to herein as	C d/b/a/ Fit & Fearless, Austin Gymnastics Club, LLC, ch may include, without limitation: convention centers, parks, recreational centers, schools, studios, universities, s "Location"). <i>I assume the risk of any and all injury</i>
and/or damage I may suffer whether while engaging in p	
sustained while and/or resulting from using any premises	· · · · · · · · · · · · · · · · · · ·
property upon which the Activities take place, or using any pr	
medical practitioners of any kind. I release EA from any close of any emergency or urgent care, first aid, medical attent with said Activities. I understand that I and/or my insuran and incurred on my behalf as a direct or indirect result of	ion, treatment, or services rendered in connection ce shall be solely liable for any medical expenses paid
and incurred on my behalf as a direct of indirect result of	my participation in said Activities.

Participant's Initials: \_\_\_\_\_

- **3. MEDIA RELEASE.** I hereby grant and convey all right, title, and interest in any and all photographic images, video and/or audio recordings made during the Participant's activities, including but not limited to: any royalties, proceeds, or other benefits derived from such photographs or recordings. I understand the photographs, videos, and/or audio recordings may or may not be used for advertising and publicity purposes or any other use by EA, including but not limited to educational materials, illustrations, publications, billboards, print or broadcast advertisements, website or social media postings or advertisements, or other publicity or advertising purposes. I also understand that there will be no notice given to me as to when or how EA may use such photographs, videos, or statements. I release EA, any photographer and/or videographer, and all of their respective owners, employees and/or agents from liability for any violation of any personal or proprietary right I may have relating to such use.
- **4. TERM OF THIS AGREEMENT.** I understand and agree that the provisions in this Agreement shall continue to be enforceable and are intended to be applicable and include the present and each and every occasion in the future that I participate in the Activities described herein, until said Agreement is terminated in writing by one of the parties to this Agreement. I agree that all terms and conditions set forth in this Agreement will remain in full force and effect and apply to all Activities preceding the date on which this Agreement is terminated. After termination, I will not be permitted to participate, and I agree to not participate, in the Activities until I fully execute a new Agreement.
- **5. FEES.** I understand that I shall be solely liable for, including without limitation defending and paying any judgment, costs, expenses and/or fees (including without limitation investigation costs and attorney fees) from any and all claims against the Released Parties in connection with the Activities.
- **6. TEXAS LAW.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that it shall be governed and interpreted in accordance with the laws of the State of Texas. I agree to engage in good faith efforts to mediate any dispute that may arise, and that said mediation will be held in Austin, Texas. I further agree that if any provision of this Agreement is held invalid, the remaining provisions shall, notwithstanding, continue in full legal force and effect, and the invalid provision shall be replaced automatically with a valid and enforceable provision that is as similar as possible in intent to the invalid provision. I further agree that the exclusive venue for any legal proceedings shall be in the State of Texas, Travis County.

I acknowledge that I have carefully read this Agreement and fully understand its terms and conditions. I am aware and agree that by executing this Agreement, I am giving up my right to bring a legal action or assert a claim against the Released Parties. I further agree that no oral representations, statements, or inducement apart from the foregoing written Agreement have been made.

Participant's Email Address		DOB
Participant's Full Name	Participant's Signature	Date
IF PARTICIPANT IS A MINOR		
I certify that I am the Parent and/or Legal Guardian of the minor named herein and that I have the authority to sign this agreement on said minor's behalf. I certify that I am signing for said minor and understand and agree that all waivers, releases, assumptions of risk, terms of agreement, representations, acknowledgments, and certifications apply equally to said minor.		
Minor's Full Name		Minor's DOB
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date