



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

In consideration of being allowed to participate in any way in the activities and/or events (“Activities”) at, and relating to, No Limit Fitness/Sports Performance (“NLFSP”), I represent that I acknowledge, understand and appreciate that participation in such Activities may involve sports performance training, weight training, fitness training, fitness programs, fitness instructions, weight control, cardiovascular exercise, activity that involves physical exertion or other related activities that may be offered, sponsored by, or allowed at NLFSP and that such Activities may include significant risk, including, but not limited to, the potential for serious bodily injury, permanent disability, paralysis, death, and other risks which are either not known to me or are not readily foreseeable to me at this time, and while particular skill, equipment, personal discipline and prior athletic experience of myself or others may reduce this risk, the risk does exist; and, that in furtherance such consideration, I hereby agree on behalf of myself, my successors, assigns, heirs, survivors, representatives, executors, and administrators to assume all risk, waive, release, save and hold harmless and forever discharge NLFSP, its landlord, its members, employees, shareholders, officers, directors, affiliates, agents, successors, participants, or other visitors at NLFSP (“Releases”) from all liabilities, claims, demands, causes of action, actions, lawsuits, or judgments of any kind whatsoever, including, but not limited to, causes in law or equity, for negligence, breach of warranty, or strict liability tort, for any injury, death and/or any other damages that I may have against NLFSP.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release and all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

STATEMENT OF HEALTH

I certify that I have undergone a physical examination by a doctor who determined that I am in good health and that I have no physical limitations that would preclude my safe participation in Activities at NLFSP.

Signature

Print Name

Date

MEDIA RELEASE AGREEMENT

I hereby grant permission to NLFSP to videotape, photograph, and/or interview me and use my name, image, and likeness for use in promotional mediums including, but not limited to, video productions, promotions, and distribution of videotapes, podcasts, articles, books, DVD’s, and/or internet. It is my understanding that this video footage(s), photograph(s), interview(s), or portions thereof may be used for, but not limited to, productions, promotions, and distribution of videotapes, podcasts, articles, books, and/ or DVD’s.

Signature

Print Name

Date

