



Release Form

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code : _____ Mobile Phone #: _____

E-Mail Address: _____ DOB: _____ Age: _____

Gender (please circle one): Female Male

Parent/Guardian Name: _____ Relationship: _____

Mobile Phone #: _____ E-Mail Address: _____

Emergency Contact: _____ Phone #: _____

I affirm that my minor child named above has my consent to participate in the training, activities, and programs offered by Rise Fitness ("Training"). I understand, recognize and acknowledge that the Training involves physical activity and that there are certain risks of physical injury to my minor child with respect to the Training, and I agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child or I may sustain as a result of said participation, whether foreseeable or not. I understand that there is an element of risk inherent in the Training, including, but not limited to, overuse injuries, injuries caused by improperly using fitness equipment and/or fitness equipment failure, twisted ankles and/or knees, tripping and falling, and/or other risks and dangers, both known and unknown.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) use of all amenities and equipment in the facility and participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) our instruction, training, supervision, or dietary recommendations; (d) any on-line or virtual training; or (e) slipping and/or falling while in the facility, or on the facility premises, including adjacent sidewalks and parking areas. This waiver also includes any claim associated with the presence or transmission of any bacteria, viruses, or infectious diseases.

GENERAL RELEASE

In consideration of my acceptance for participation of my minor child in the Training, I do, for myself, my heirs, executors, administrators, legal representative, assignees, and successors in interest HEREBY AND FOREVER WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE AND PROMISE TO INDEMNIFY SARAH GILLESPIE, JASON MORRISON, RISE FITNESS, ABILITY MINISTRY, CHRISTIAN CHURCH FOUNDATION FOR THE HANDICAPPED, INC., RESULTS BY DESIGN FITNESS, RXD HOLDINGS, LLC, and/or any of the aforesaid entities' owners, members, agents, employees, officers, affiliates, successors, and directors (collectively the "Released Parties") FROM ANY AND ALL CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASED PARTIES' OWN NEGLIGENCE, whether ordinary or gross, which I have or which may accrue to me and/or my minor child, and from any and all damages which may be sustained by me and/or my minor child in connection with, and arising out of, my minor child's participation in the Training and association with Rise Fitness and Ability Ministries.

I hereby warrant and represent that my minor child has been examined by a licensed medical doctor and has been deemed physically able to participate in athletic training, and that my minor child has no medical conditions or allergies that will affect the minor child's ability to participate in the Training.

I AM OVER 18 YEARS OF AGE. I HAVE READ THIS RELEASE FORM IN ITS ENTIRETY. I UNDERSTAND AND CONSENT TO THE TERMS OF THIS RELEASE FORM.

Name (print)

Signature

Date