



**WAIVER OF LIABILITY FOR GYM USE**

I/We hereby understand and acknowledge that the training, programs and events held by NFINITE ALL STARS may expose me to many inherent risks, including accidents, injury, illness or even death. I/We assume all risk of injuries associated with participation including, but not limited to: facilities, equipment, falls, contact with other participants or actions of other people including, but not limited to participants, coaches and/or spectators.

I/We certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this NFINITE ALL STARS event.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation, I agree for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE NFINITE ALL STARS, it's officers, agents, employees, organizers, representatives and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in NFINITE ALL STARS' training, programs and/or events.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By my signature, I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: ) \_\_\_\_\_

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_