

RETRIBUTION

STRENGTH, POWER AND PURPOSE



Health & Fitness Liability Waiver / Informed Consent Form

“I _____, have enrolled in the personalized health and fitness program offered by Retribution Fitness. I recognize that the program may involved strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in the exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and of my own accord.”

“In consideration of my participation in this program, I, _____, hereby release Retribution Fitness and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.”

“I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Retribution Fitness and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle stains, muscle pulls, muscles tears, broken bones, shin splints, heat prostration, injuries to the knees, injuries to the back, injuries to the foot, or any other illness or soreness that I may incur, including death”

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS

Dated: _____

Signature: _____ (PARENTS IF MINOR)

Participant: _____

Address: _____

Phone #: _____

Email: _____

In case of an emergency, please call _____
(Relationship: _____) at _____ Ext. _____ (Day),
or _____ Ext. _____ (Evening).

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Photo Release Form

I hereby grant the Retribution Fitness permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Retribution Fitness and will not be returned. I hereby irrevocably authorize the Retribution Fitness to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Retribution Fitness programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge the Retribution Fitness from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)