



**PARTICIPANT RELEASE OF LIABILITY  
ASSUMPTION OF RISK AGREEMENT**

**\*\*\*READ BEFORE SIGNING\*\*\***

Organization Name: LIFT THE PERFORMANCE  
Concord, MA 01742

Participant Name: \_\_\_\_\_  
Participants Name (Print Name)

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

I waive and release, hold harmless and forever discharge (**LIFT THE PERFORMANCE**) from all claims, demands, causes of action, damages and liabilities of every kind and nature, arising from or in anyway related to my participation in any of the training provided by (**LIFT THE PERFORMANCE**), provided that this waiver of liability does not apply to any gross negligence or intentional willful misconduct.

I understand that the actives in which I will participate are inherently dangerous and can cause serious injury including bodily injury, damage to personal property and/or death. I waive all claims of injury to my body and or property and death that I may have against aforementioned company pertaining to such activity, including claims in tort, contract, equity, or otherwise.

I acknowledge, agree and represent that I understand the nature of the training and its activities and that I am qualified, in good health, and in proper physical condition to participate in the related activities. That I am physically sound and have medical approval to proceed with a normal routine of exercise. That I am in good health and have no physical conditions that would be aggravated by the involvement in cardiovascular exercise, weight lifting, weight training and/or bodybuilding, nor do I have any physical limitations that would preclude said involvement. I further agree and warrant that if at any time I have questions or feel unsafe, I will immediately discontinue further participation in the activities.

**Health Statement**

I will notify (**LIFT THE PERFORMANCE**) ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

**Media Statement**

By signing below, I hereby grant and convey to (**LIFT THE PERFORMANCE**) all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by (**LIFT THE PERFORMANCE**)

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
Participant's Signature or Parent or Guardian

\_\_\_\_\_  
Date