



CONSENT AND LIABILITY WAIVER RELEASE FORM

I _____ (**Parent/Guardian if client is under 18 years old or not conserved**) on behalf of _____ (**NAME OF ATHLETE**) of _____, (City) of _____ (State) hereby affirm that I am entering a course of instruction in physical fitness and performance training. By enrolling in this course I certify that I am cognizant of all of the inherent dangers of physical fitness and therapy, and the basic safety rules for activities connected herewith.

I understand and agree that neither the class nor its owners, operators, agents, or instructors, including but not limited to BC Adaptive Fitness LLC and/or _____ (name of location, **put NA if in a public setting or a park**), may be held liable in any way for any occurrence in connection with my (or whoever is being released) physical fitness and performance, which may result in injury, death, or damages to me or my family, heirs, or assignees. I further acknowledge and forever release BC Adaptive Fitness LLC in connection directly or indirectly with my physical fitness, training and therapy as result of _____ (**NAME OF ATHLETE**) and/or _____ (**Parent/Guardian**) own negligence, which may result in injury, death or damages to me or my family, heirs, or assignees.

_____ (**Initial**) In consideration of being allowed to enroll in this course I hereby personally assume all risks connected with the course, and I further release the instructors, program, agents, and operators, including but not limited to the persons mentioned for any injury or damage which may be incurred by me while I am enrolled in the fitness or performance course, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless the program and persons from any claim by me, or my family, estate, heirs, or assignees, arising out of my enrollment and participation I this course.

_____ (**Initial**) I further state that I am of lawful age and legally competent to sign this aforementioned release; that I understand that the terms herein is contractual and not a mere recital; and that I have signed this document as my own free act.

_____ (**Initial**) I have fully informed myself of the contents of this aforementioned and release by reading it before I sign it, I have been advised to submit, at my own expense and time, to a medical examination to ensure myself, and assume my own responsibility of physical fitness and capability to perform under the normal conditions of the fitness and therapy program, and am physically fit as tested by a medical examination. I also understand that the owner reserves the right of membership.

Address: _____

Primary Contact: (name, relation, and number)

Secondary Contact: (name, relation, and number)

Authorized Signature

Printed Name

Authorized Signature (Guardian if applicable)

Printed Name



MEDIA RELEASE FORM

I, _____, **(Parent/Guardian OR Athlete Name)** grant permission to BC Adaptive Fitness LLC, hereinafter known as the “Media” to use my image (photographs and/or video) for use in Media publications including:

(Please **Initial**)

_____ - Videos, Email Blasts, Recruiting Brochures, Newsletters, Magazines, General Publications, Website and/or Affiliates.

Please list restrictions if applicable: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - **I AM THE ATHLETE** who is 18 years of age or older and I 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. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - **I AM THE PARENT OR LEGAL GUARDIAN** of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ **Date:** _____

Name (please print): _____

Signature of parent or legal guardian: _____

(if under 18 years of age)



COVID-19 WAIVER

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that BC Adaptive Fitness LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that BC Adaptive Fitness LLC cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, salon staff, and other salon clients and their families.

I voluntarily seek services provided by BC Adaptive Fitness LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release myself or am the guardian of **(ATHLETE NAME)** _____ and agree to hold BC Adaptive Fitness LLC harmless from, and waive on behalf of myself or **(ATHLETE NAME)** _____, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the company, or that may otherwise arise in any way in connection with any services received from BC Adaptive Fitness LLC. I understand that this release discharges BC Adaptive Fitness LLC from any liability or claim that I, my heirs, or any personal representatives may have against the business with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from BC Adaptive Fitness LLC. This liability waiver and release extends to the business together with all owners, partners, and employees.

Name of Participant _____

Signature of Participant _____ **Date** _____

Signature of Participant's Parent/Guardian _____ **Date** _____