BEYONDFITNESS

BEYOND FITNESS WAIVER AND RELEASE OF LIABILITY FORM

Name:	_ E-mail:
Address:	City:
State:Zip:	
Home Phone:	_ Cell Phone:
Emergency Contact:	
PhoneCel	l:
njuries (Past or Present):	Date:
In consideration of being allowed to participate i acknowledges, appreciates, and agrees that:	in anyway in the activities Beyond Fitness the undersigned
The risk of injury from the activities involved, is a permanent paralysis and death, and while participation of the risk of serious the risk, the risk of serious	rticular rules, equipment, and personal
2) I KNOWINGLY AND FREELY ASSUME ALL SUCH R	RISKS, both known and unknown, EVEN IF ARISING FROM THE d assume full responsibility for my participation; and,
 I willingly agree to comply with the stated and observe any unusual significant hazard durin participation and bring such to the attention 	d customary terms and conditions for participation. If, however I g my presence or participation, I will remove myself from a of the nearest official immediately; and,
HOLD HARMLESS Beyondfitness.us their owne premises, WITH RESPECT TO ANY AND ALL INJ WHETHER CAUSED BY THE NEGLIGENCE OF TH AND ASSUMPTION OF RISK AGREEMENT, FULLY	, personal representatives and next of kin, HEREBY RELEASE AND ers, coaches, and/or employees, and, if applicable, leasers of the URY, DISABILITY, DEATH, or loss or damage to person or property, HE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.
X(participant's signatur	re) Date Signed