

WAIVER AND RELEASE AND ASSUMPTION OF RISK AGREEMENT

In consideration of me being permitted to participate in any way in **Jim Ronai's Competitive Edge, LLC** Training Activities ("Activity"), I agree:

1. I understand the nature of **Strength & Conditioning and Personal Training** Activity and believe I am qualified to participate in such Activity. I further acknowledge that I am aware the Activity will be conducted at Jim Ronai's Competitive Edge Training facility. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I FULLY UNDERSTAND that: (a) Strength & Conditioning and Personal Training Activity involves risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH** ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of my participation in the Activity.
3. I **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS JIM RONAI'S COMPETITIVE EDGE, LLC**, any respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

4. PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT:

The minor's parent and/or legal guardian, understands the nature of the above referenced Activity and the minor's experience and capabilities and believes the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Participant: _____ DOB: _____

Mailing Address: _____

Email Address: _____

Emergency Contact: _____ Emergency Phone #: _____

PAYMENT RESPONSIBILITY: I understand that I am responsible for payments for services rendered. I am aware that I will be charged a cancellation fee of \$50 for any broken appointment unless a minimum of 8 hours notice is provided. Payment is due at the time services are rendered. Coupons and other discounts cannot be combined and are subject to change at any time. The parent or guardian of a minor is responsible for payment in full for services rendered.

Signature of Responsible Party (Parent/Guardian, if minor)

Date

Printed Name of Witness

Signature of Witness

Date