

# Workout Like A Girl/Ai. Liability Waiver Form

I, \_\_\_\_\_, certify and acknowledge that:

I have enrolled in a cardiovascular and resistance-training program of strenuous physical activity offered by Workout Like A Girl & Ai LLC (“WLG/AI”). I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in these exercise programs (i.e., this waiver of liability including all training and specialty classes held at but not limited to 101 Jib Way, Stevensville, Maryland and at The Edge Training Academy, 220 Log Canoe Circle Suites A and B Stevensville, Maryland and any in-home training or off-site training such as hikes, walks, runs, calisthenics, weight lifting, boot camps, etc.) (the “Programs”). In consideration for my participation in the Programs, I, my heirs and assigns, hereby release WLG/AI, its’ owners, their heirs and assigns, associates, contractors, employees, vendors and/or suppliers, including any and all assets, from any claims, demands and causes of action (including but not limited to claims of negligence) arising from my participation in the Programs.

I fully understand that I may injure myself as a result of my participation in the Programs. I hereby release all associates of WLG/AI and the Programs offered. WLG/AI are not now responsible for, nor in the future, any injury and/or illness that may occur as a direct or indirect result from participation in said Programs. I freely and knowingly assume the risk in such programs, and I hereby waive any right, claim, or cause of action against WLG/AI, from any liability for any injury, cost, damage, expense or claim, which I or anyone on my behalf might incur as a direct or indirect result of my participation in these cardiovascular and resistance-training Programs, including but not limited to injuries, illness or death, whether or not caused by the negligence of WLG/AI or its employees, agents or individuals acting on its behalf. I understand that this release is effective immediately and is intended to be as broad and inclusive as permitted by the law of the State of Maryland.

I also grant to WLG/AI the right to use my name, image or likeness, and all pictures, photographs, reproductions, motion pictures, and recordings, both video and sound, taken or made by WLG/AI in connection with my participation in the Programs. I grant to WLG/AI the full freedom to use these items for all purposes for an unlimited period of time in all media. Such use shall be on a royalty-free, world-wide basis. I waive any right I may have to monetary compensation, or to inspect or approve the final product or the advertising or other uses of the product. I realize WLG/AI from any and all liability that may or could arise from the taking and use of these images.

I have read this Liability Waiver form and understand that there are inherent risks associated with my physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during my activity. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parents’ signature if under 18 years of age

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact Name : \_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_