Behind Bars Calisthenics Academy

Unit 2, Cavendish Community Hub

CH41 8AG

WAIVER INFORMATION

DISCLAIMER

NOTICE TO USER: YOU ACKNOWLEDGE THAT YOU HAVE READ THIS DOCUMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS CONDITIONS. IF YOU ARE MAKING A PURCHASE ON BEHALF OF ANOTHER PERSON, YOU AGREE THAT YOU ARE MAKING THE PURCHASE AS THEIR AGENT.

YOU MUST BE 18 OR OVER TO AGREE TO THESE TERMS AND CONDITIONS

In consideration of being permitted by Behind Bars Calisthenics Academy to participate in its activities and to use its equipment and facilities, now and in the future, I hereby agree to release, indemnify and forever discharge Behind Bars Calisthenics Academy, its agents, owners, members, shareholders, Directors, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:-

- I acknowledge that my participation in Behind Bars obstacles and use of Behind Bars Calisthenics Academy activities entails known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardising the essential qualities of the activity. The risks include, among other things and without limitation:-

- Behind Bars Calisthenics Academy equipment expose its participants to the risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Travelling to and from each obstacle and/or run raises the possibility of any manner of transportation accidents.

- I expressly agree to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I warrant that I will only carry out moves that are within my ability level and throughout which I will be able to maintain control.

- I acknowledge that I have been provided with the necessary safety instructions by Behind Bars Calisthenics Academy in relation to the activities and will comply with these at all times while on the premises.

- I understand that the activities provided by the Behind Bars Calisthenics Academy require a reasonable level of fitness and ability. I warrant that I do not have (or had) any medical condition including pregnancy that makes it dangerous for me to partake in such activities.

- I agree as an adult participant, or the Parent/Legal Guardian of a minor participant (anyone currently under the legal age of 18) and in consideration of being permitted to participate in the activities at Behind Bars Calisthenics Academy, I give permission to be photographed and/or record me or my children in connection with the Behind Bars facility to use the photography and/or recording solely for advertising and promotional purposes. I waive any right to inspect or approve the use of the Photograph and/or recording and acknowledge and agree that the rights granted to this release are without compensation of any kind.

- If the participant is a minor (a person under the legal age of 18), I agree that this Release of Liability and Assumption of Risk Agreement ("RELEASE") is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian of the minor participant to bind the minor participant to these Terms and Conditions.

I acknowledge that if anyone is hurt or property damaged during my participation in this activity, I may be found by a Court of Law to have waived my or the minor participant's right to maintain a lawsuit against Behind Bars Calisthenics Academy.

Name of Participant : …… **DOB :** ……

If participant is under 18 or otherwise considered by law to require parental consent

Name of Parent / Legal Guardian : ……

Postcode : ……

Contact number : ……..

Signature of Participant / Parent / Legal Guardian

…….. **Date :** ……