

BOOTCAMP Style Workout {Nov 28-Feb 3 \$40.00}

Name	DOB
Address	Email
Home#	Cell#
In case of emergency, I would like NRD to call:	Phone #

Waiver & Release of Liability

Express assumption of risk: I, understand, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at NRD (Newport Recreation Department). **I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.** Initials _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at NRD, I the undersigned hereby release NRD, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of NRD, their principals, agents, employees or volunteers.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing in behalf of a minor child, I also give full permission for any person connected with NRD to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well-being of the child. **Indemnification:** The participant recognized that there are risks involved in the types of activities offered by NRD. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and cost to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless NRD (Newport NH Recreation Department), their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities by NRD. I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable rights.

Signature of participant _____ Date _____

If the participant is under the age of 18,

Signature of Parent or Guardian _____ Date _____