



Registration for Muddy Warriors

Name: _____ Age: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Telephone Number: (Home) _____ (Cell) _____

Email Address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Telephone Number: (Home) _____ (Work or Cell) _____

How did you find out about our program? _____

Registration for Muddy Warriors Waiver, Release, and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness program provided to me by **Muddy Warriors** (“Trainer”), which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer’s agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) ANY SLIP, FALL ON THE TRAINING GROUNDS; (4) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any



exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

Please print name

Please bring your photo ID to the first workout with this form.



Photo/Video Waiver

Muddy Warriors will be taking photos and videos during their workouts and occasionally, we like to use these images for promotional purposes on our website and social media pages. We will not identify you by name in such photos or videos. Please indicate your preference below:

I GIVE PERMISSION for my photos and/or videos to be used by Muddy Warriors on their website and other marketing materials to promote Muddy Warriors workouts.

I DO NOT GIVE PERMISSION for my photos and/or videos to be used by Muddy Warriors on their website and other marketing materials to promote Muddy Warriors workouts.

Participant's signature

Date

Please print name

CONSENT AND RELEASE OF PARENT OR GUARDIAN

If Participant is under 18 years of age, the signature of Participant's parent / guardian is required. Parent / Guardian's signature shall constitute consent to the terms contained herein on behalf of Minor:

By signing the below, I am confirming that I am the parent or guardian of

_____ (child). My child is fit for the event and I consent to my child's participation in the Muddy Warriors fitness program.

I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE AGREEMENT ABOVE. [_____] **Initial**

In consideration of allowing my child to participate, I consent to the contract and agree that its terms shall likewise bind me, my child as well as our heirs, legal representatives, and assignees.

I HEREBY RELEASE AND SHALL DEFEND, IDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST THE RELEASED PARTIES (INCLUDING REASONABLE LEGAL FEES AND COSTS) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN THE EVENT WHETHER CAUSED BY THE NEGLIGENCE OF HE RELEASED PARTIES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASED PARTIES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM MY CHILD'S PARTICIPATION IN THE EVENT.

Read and Agreed to by:

Print Name of Parent/Guardian

Date Signed

Signature of Parent/Guardian



Select Your Workout

15 pack	Bell Canyon Resident: \$175.50 Non-Resident: \$195
10 Pack	Bell Canyon Resident: \$135 Non-Resident: \$150
4 Pack	Bell Canyon Resident: \$67.50 Non-Resident: \$75
Individual Class	Bell Canyon Resident: \$22.50 Non-Resident: \$25
Individual Class	Bell Canyon Resident: \$22.50 Non-Resident: \$25

What is your preferred work out time Weekdays _____, weekend _____

Payment

Check/Money Order	If paying by Credit Card, please complete this section
<p>Amount Enclosed</p> <p>\$_____.</p> <p>Make your check/money order payable to: Muddy Warriors</p>	<p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover</p> <p><input type="checkbox"/> PayPal www.muddywarriors.com</p> <p>Card # _____</p> <p>Exp. Date ___/___ CVV _____ Amount Authorized \$_____.</p> <p>Signature _____</p> <p>Card owner name _____</p> <p>Billing Address _____</p> <p>Signature _____</p>

☎ Laura Page (818-427-1945)

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💻 E-Mail info@muddywarriors.com

For further information please visit our website: www.muddywarriors.com