

**INFORMED CONSENT AND RELEASE OF LIABILITY**

1. In consideration of being allowed to participate in a fitness competition provided and hosted by Competition Planning Partners, LLC, doing business as "Wod Godz" (collectively "WG"), being held on December 8 – 10, 2017 (the "Competition"), and to use the facilities, equipment and services owned or leased by WG, I do hereby forever waive, release, hold harmless and discharge, and agree to defend and indemnify, WG and its agents, employees, owners, officers, directors, representatives, executors and all others acting on behalf of WG, from any and all claims and or liabilities for injuries or damages to my person and/or to my property, including those which may be caused, in whole or in part, by the negligent act or omission of WG or any of its agents, employees, owners, officers, directors, volunteers, representatives, executors and all others acting on behalf of WG, arising out of or connected in any way with my participation or involvement in or with the Competition.  
(Initials \_\_\_\_\_)
  
2. I have been informed of, understand and am aware that any fitness or exercise program or competition, whether or not requiring the use of exercise equipment, and including but not limited to the Competition, 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, including a possible risk of death or serious injury or disability, and that I am voluntarily participating in these activities and using the equipment, machinery and facilities owned or leased by WG with full knowledge, understanding and appreciation of the possible risks and possible damages involved. I have decided of my own free will to participate and expose myself to these activities and/or the Competition with full knowledge of any risks or dangers involved. I hereby expressly assume and accept any and all risks of injury regardless of the severity or death.  
(Initials \_\_\_\_\_)
  
3. I do hereby further declare myself to be the age of eighteen years or older as of the date of signing this document, and that I am physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in the Competition, whether or not the activities of the Competition require the use of any equipment. I hereby declare myself to be physically sound, fit and suffering from no illness, disease, infirmity or other condition that would prevent or affect my participation in any activities involved in any way with the Competition. I do hereby acknowledge that I have been informed of the need to consult with a physician of my choice prior to my participation in the Competition. I acknowledge that either I have consulted my physician prior to the Competition or I have decided to participate in the activities, programs and use of equipment involved in the Competition without consulting my physician and do hereby assume all responsibility and risks whatsoever in connection with my participation in said activities, programs and use of equipment, including but not limited to the Competition.  
(Initials \_\_\_\_\_)
  
4. I hereby grant WG and Absolute Technology Solutions Inc. (ATS) permission to use my photograph/video image in all publications for WG and ATS, including web site entries, without payment. I hereby authorize WG and ATS to edit, alter, copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby release and forever discharge WG and ATS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate from this authorization.  
(Initials \_\_\_\_\_)

\_\_\_\_\_  
Signature Date

Print Name: \_\_\_\_\_

Print Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: (\_\_\_\_\_) - \_\_\_\_\_

