

Participant, Team Representative, and/or
Parents Release of Liability

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the camps, housing, tournaments, leagues and any other related activities ("Programs") provided by or on the property of Gym Rats, LLC, Gym Rats, Inc., R.I. Spiece Sales, Inc. and Thomas Gene Spiece, Al Rhodes, and Reggie Tisdale, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these Programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of Gym Rats, LLC, Gym Rats, Inc., R.I. Spiece Sales, Inc. and Thomas Gene Spiece, Al Rhodes and Reggie Tisdale, their officers, officials, agents, representatives and/or employees, other participants, sponsoring agencies, sponsors, advertisers, ("Releases"), or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such to the attention of the nearest official.
4. I, for myself, and on behalf of any of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Releases with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself, and on behalf of any of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless all of the above Releasees from any and all liabilities incident to my involvement or participation in these Programs, even if arising from their negligence, to the fullest extent permitted by law.

I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

IF NOT EIGHTEEN (18) YEARS OF AGE – PARENT/GUARDIAN MUST SIGN

Participant's Signature

If not eighteen years of age – Parent/Guardian must sign

Parent/Guardian Signature on behalf of Participant

Date

PLEASE PRINT:

Name: _____

Address: _____

Zip _____