



It is important that you read the following waiver carefully as it is specific to Vulkan Weightlifting. Please initial where indicated and sign at the bottom:

As a participant at Vulkan Weightlifting, I acknowledge and understand that I have been informed that my voluntary participation in fitness programs and special events including, but not limited to, the use of weights, number of repetitions and use of any and all equipment, including barbells and all apparatus designed for exercising and the associated facilities shall be the participants sole responsibility during all times of fitness training participation and use. I also understand and have been informed that participation in any of the events noted above does pose the risk of serious injury or other adverse health consequences, including death. Participation in such fitness training and use of equipment involves risk of injury to me, whether I or someone else causes it. Injuries that may occur, but are not limited to, include strains, sprains, fractures, and various soft tissue injuries. Risks that may be encountered include, but are not limited to, being struck by equipment, falling from equipment, tripping, slipping, or colliding with other participants and staff. I fully understand these risks. **INITIAL** _____

I understand that I am not obligate to perform nor participate in any activity that I do not wish to, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my trainer/coach. I agree to self-limit my exertion through good judgment and to terminate any physical activity immediately, if it exceeds my personal limitations, whether or not it exceeds the activity level recommended by the staff or prescribed by my physician. I hereby consent to, and permit emergency medical treatment in the event of any injury or illness. **INITIAL** _____

If requested to obtain written consent from a personal physician or other health care practitioner, I verify that I have been evaluated by that practitioner, and I have been approved to participate in the programs and exercise activities. I understand it is my responsibility to seek and to continue to receive medical evaluations from my personal physician and other health care practitioners to determine if there are any medical conditions or injuries that could limit my participation in fitness or health promotion activities. I agree to notify the staff and coaches of changes in health status, physical injuries, pregnancy, hospitalizations, surgery or additional physical and medical limitations, or additions/changes in medication recommended by my physician that may affect my participation in fitness or health promotion activities. I understand that for any new medical conditions or injuries noted above, written consent from my personal physician may be required prior to resuming activities. **INITIAL** _____

If my current fitness or injury status limits my activities, I agree to follow the recommendations for modification as stated by my health care practitioners. These limitations have been fully

explained to me, and I understand and assume the risk of injury and other adverse health consequences, including death, if I exceed the exercise and dietary guidelines recommended by my consulting practitioners. I agree that non-compliance may result in the termination of my entitlement to train at Vulkan Weightlifting. **INITIAL** _____

In consideration for my participation in fitness programs, special events, and exercise activities, I voluntarily assume the risk of any injury, loss and/or adverse health consequence. I for myself, my heirs, executors, administrators and assignees, hereby release Vulkan Weightlifting, coaches, trainers, officers, directors, employees and their affiliated entities from any and all claims, liabilities or demands of any kind arising from any injury, loss or adverse health consequence, including death,

related to my participation in fitness or health promotion activities, except to the extent resulting from its or their negligence or willful misconduct. Subject to these conditions, I affirm that I have read, understand and agree to the terms set forth above and I wish to participate in fitness and/ or health promotion programs, exercise activities and special events.

PARTICIPANT’S NAME (please print): _____

SIGNATURE (or guardian’s signature if under 18): _____

Date: _____

*****AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL*****

I hereby authorize Vulkan Weightlifting, or it’s representatives, coaches, and/or trainers to use, reproduce, and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors, and waive any rights of compensation or ownership thereto. This material may also appear on the Vulkan Weightlifting printed media, social media, and websites. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

SIGNATURE (or Guardian): _____ **Date:** _____

EMERGENCY CONTACT INFORMATION

Name _____ **Phone** _____ **Relationship** _____