



ATTAINABLE Peak Performance

Ryan Long, LICSW

BOOT CAMP: RELEASE AND WAIVER FORM

Name

Address

City

State

Zip

E Mail Address

Home Phone

Cell Phone

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, hereby agree to participate in the Attainable Peak Performance boot camp program of Ryan Long, LICSW. I acknowledge and agree, in my own behalf, that such participation subjects me to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf, acknowledge that I am assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Attainable Peak Performance of Ryan Long, LICSW to obtain necessary medical treatment for me and hereby, in my own behalf, release and hold harmless Attainable Peak Performance, the hosting site, on whose premises the Event will occur. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of any illness or injury that I may sustain during the Event and while traveling to and from the site for the Event whether or not the Event actually occurs.

I, in my own behalf, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury that I may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasee's heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other person or persons on account of damages of any character resulting to myself in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

I represent that any medication to which I am allergic or am currently taking are listed below. I agree that I shall bring medications which I am currently taking with me to the Event and that I shall consume the prescribed dosage.

Medications (if any): _____

Allergic to (if any): _____

I, in my own behalf, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its contents. I, in my own behalf, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgment of my voluntary and knowing assumption of risk of injury or illness. I, in my own behalf, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Event will occur. I, in my own behalf, have signed this document voluntarily and of my own free will.

I agree and understand that Attainable Peak Performance's boot camp is purely voluntary and that if I am not willing to acknowledge the aforementioned risks, I shall not participate in the program.

I understand that Attainable Peak Performance has recommended that I consult a physician in connection with the Boot Camp Fitness Program and I understand that doing so is my responsibility.

Participant's Signature: _____

Date: _____

