

**STRONGEST WARRIOR COMPETITION
REGISTRATION**

Name: _____ **Rank:** _____ **Age:** _____

Unit: _____ **Phone:** _____ **Weight:** _____

How did you hear about us? (circle one)

Flyer Poster Email Website Scout Friend Other _____

Would you like to be on our distribution list for future events?

Email: _____

Release and Waiver: In connection with such engagement, I acknowledge that the possibility exists that certain physical changes and various risks may occur and (or) injuries may be suffered during any physical exertion or exercise. I assume the risk thereof, and I acknowledge that I have been advised to check with my physician prior to starting this event. I further understand that these risks associated with this event or activity may include, but are not limited to, injuries caused by equipment, terrain, weather, my personal physical condition, vehicles, other participants, and lack of hydration. I hereby fully assume all risks associated with this event or activity and shall indemnify and fully and forever release, acquit and discharge losses, damage, liabilities, injuries, claims, demands, actions, causes of actions and expenses, including without limitation, attorney's fees and costs (collectively "claims") and hereby waive and relinquish all rights, whether contingent accrued inchoate or otherwise, which I may have against any and all fitness center employees or its affiliates, in any way connected with or relating to this event. This waiver shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned event or activity.

FULL NAME: _____ **DATE:** _____
(Please Print)

SIGNATURE: _____

REGISTER AT YOUR LOCAL FITNESS CENTER

Leave completed form with the fitness center manager in your area.