

HOLLYWOOD GYMS, LLC
DBA: HOLLYWOOD HEALTH CLUB
Liability Waiver and Release

Name of Participant: _____ Birth date ___/___/___

Parent/Guardian Name:(IF UNDER 18) _____

Address: _____

City, State, Zip: _____

CELL # _____ EMAIL: _____

PLEASE READ & SIGN WAIVER: As part of the consideration tendered for myself (or my child/ward, having not attained the age of 18) being permitted to participate in **FITNESS AND EXERCISE with NO PHYSICAL RESTRICTIONS.**

I recognize and acknowledge that there are risks associated with the aforementioned program/event, which may include but are not limited to; falls, contact with other participants, or misuse or failure of equipment. I waive all claims that I might have based on any of those and other risks typical in this type of activity. I am aware of staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (Cardiopulmonary Resuscitation), or the use of an AED (automated external defibrillator). I authorize any such staff/volunteers to assist me (or child/ward) and/or to provide such assistance as, in the opinion of such person may be necessary or appropriate. I understand that HOLLYWOOD GYMS, LLC, nor any of its sponsors; assume any responsibility or liability with respect to my (or child/ward) participation in this event/program. I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify HOLLYWOOD GYMS, LLC , all sponsors, representatives (including staff/volunteers), and independent contractors from all claims or liabilities of any kind arising out of negligence or carelessness on the part of the persons named in this waiver.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your mind child/ward, as follows **(if the participant is under 18 years of age, the parent/guardian must sign.)**

Signature: _____ Date: ___/___/___

Photo and Video Release

PLEASE READ & SIGN WAIVER: I hereby authorize HOLLYWOOD GYMS, LLC to use, reproduce, and/or publish photographs and/or video that may pertain to me (or my child/ward, having not attained the age of 18) – including my (or my child/ward) 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 (PSA), multimedia exhibits or for other related endeavors. This material may also appear on HOLLYWOOD HEALTH CLUB or project sponsor's Internet Web Page and/or digital social media services.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material **(if the participant is under 18 years of age, the parent/guardian must sign).**

Signature: _____ Date: ___/___/___