

TEAM STOMP WRESTLING

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Informed Consent / Assumption of Risk:

I am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout. While this type of injury is relatively rare, it can occur due to several factors, including (but not limited to) genetic predisposition or dehydration, that may be beyond the control of my trainer. I understand that the programs and classes offered by Team Stomp Wrestling are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above-mentioned risks may result in serious injury or death to myself and or my partner(s).

Initial here:

PAR-Q & Informed Consent / Waiver

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Team Stomp Wrestling programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Team Stomp Wrestling. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Team Stomp Wrestling programs/classes.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, rhabdomyolysis, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well being and hold Team Stomp Wrestling, as well as its owners, employees, and other authorized agents including independent contractors, harmless there from.

I understand that questions about exercise procedure and recommendations are encouraged and welcome.

Initial here:

Waiver and Release:

I fully understand that my personal exercise program may be strenuous and I choose to participate voluntarily. I accept all responsibility for my health and any results, injury or mishaps that may affect my well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release Nicholas Sanchez dba Team Stomp Wrestling (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that I may have for injuries or other damages, arising out of participation in Team Stomp Wrestling activities, including, but not limited to the personal training / nutritional programs and programs/classes.

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Photo/Video Release: I hereby grant Team Stomp Wrestling permission to use my photograph/video image in any and all publications for Team Stomp Wrestling, including web site entries, without payment or any other consideration in perpetuity. I hereby authorize Team Stomp Wrestling to record, edit, alter, copy, exhibit, publish or distribute collectively, "Use" all photos and images. I waive the right to inspect or approve the finished product, including a written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Team Stomp Wrestling from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of on behalf of my estate which may have or may have by reason of such Use or this authorization.

Initial here:

Indemnification: I recognize that there is risk involved in the types of activities offered by Team Stomp Wrestling. Therefore, I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to his/her negligence. Should the above-mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Team Stomp Wrestling, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Team Stomp Wrestling.

Initial here:

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly, voluntarily, and of my own free will.

Initial here:

COVID-19 WAIVER OF LIABILITY AND INDEMNIFICATION

1. I agree that I am personally responsible for my safety and actions while using the Facility at Team Stomp (TSCF). I agree to comply with all TSCF policies and rules, including but not limited to all TSCF policies, guidelines, signage, and instructions. Because TSCF is open for use by other individuals, I recognize that I am at a higher risk of contracting COVID-19. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue the Facility at Team Stomp, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party using the TSCF, or otherwise while participating in any activity while in, on, or around the TSCF and/or while using any TSCF facilities, tools, equipment, or materials.

Initial here:

2. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my use of the Team Stomp facilities, tools, equipment, or materials, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

Initial here:

3. By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in using the Team Stomp Facilities to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with Ohio law and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until the State of Ohio lifts all COVID-19 related mandates

Initial here:

☐ I agree to these terms.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

☐ Yes ☐ No

If YES, Explain:

2. Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No

If YES, Explain:

3. In the past month, have you had chest pain when you were not doing physical activity?

☐ Yes ☐ No

If YES, Explain:

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

☐ Yes ☐ No

If YES, Explain:

5. Do you have a bone or joint problem (for example, neck, shoulder, back, knee or hip) that could be made worse by a change in your physical activity

☐ Yes ☐ No

If YES, Explain:

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure, cholesterol or heart condition?

☐ Yes ☐ No

If YES, Explain:

7. Do you know of any other reason why you should not do physical activity?
☐ Yes ☐ No

If YES, Explain:

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
☐ I agree to use electronic records and signatures