

## ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

I hereby release, discharge and covenant not to sue UA Fit, LLC, the owners, any members, sponsors, volunteers, employees or leasers of the premises, including parking lot, in which any and all fitness-related training takes place for any reason. The undersigned consents and agrees to participate at the facilities and/or in such programs of UA Fit, LLC in consideration of the facilities and/or programs being furnished. I, on behalf of myself and if applicable, my child, do hereby assume all risks in connection with participation at said facilities and/or in said programs release and discharge UA Fit, LLC, and their agents, officers and employees from all claims, demands and damages to person and damages to property which may befall me or my child, if applicable, while participating at said facilities and/or in said programs, including all risks connected therewith, whether foreseen or unforeseen, and further, to save and hold harmless all of the persons or entities mentioned above who through negligence or carelessness might otherwise be liable to me or my child, or my or their heirs or assigns.

**Initial here:**

This Consent and Release is intended to discharge all of the persons and entities mentioned herein from and against any liability arising out of or connected in any way my participation, or my child's participation, at said facilities and/or in said programs, even though that liability may arise out of a negligence or carelessness on the part of the persons or entities mentioned herein.

**Initial here:**

Photography / Video Release

Participants involved in any activity offered by UA Fit, LLC may be photographed or videotaped during training without compensation. The undersigned hereby consents to the use of the photographs and/or videos on the Upper Arlington website, social media, or any other editorial, promotional or advertising material produced and/or published by UA Fit, LLC.

**Initial here:**

Early Membership Termination Fee

I understand that if I cancel a 6 month membership or 12 month membership early, one of the following payments will be required: (\$350 if more than 6 months left, \$175 if less than 6 months left)

**Initial here:**

☐ I agree to these terms.

**Sign your name below:**

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures

---