

## TRIBE VEGAS WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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### Tribe Fitness and Martial Arts

#### Release and Waiver of Liability

In consideration of participating in Tribe Fitness & Martial Arts classes, activities, workshops, and programs, and to use its facilities and equipment in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Tribe Fitness & Martial Arts and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment at Tribe Fitness & Martial Arts. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment at Tribe Fitness & Martial Arts. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Tribe Fitness & Martial Arts or use of equipment except as hereinafter stated. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment in my activities. By signing below, you agree that you have read this Waiver and fully understand its contents and you voluntarily agree to be bound to all of its terms.

#### Youth (<18)

At Tribe Fitness and Martial Arts, the minimum age requirement to participate in Youth Martial Arts is 4 years old. If the participant is under 18 years of age, the signature of a parent or legal guardian below is required on behalf of their child(ren).

#### Photography/Video Release

Participants involved in any activities offered by Tribe Fitness & Martial Arts may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without consent or compensation on the Tribe Fitness & Martial Arts website or in any editorial, promotional or advertising material produced by Tribe Fitness & Martial Arts.

#### Assumption of the Risk and Waiver of Liability Relating to COVID-19

Tribe Fitness and Martial Arts has taken preventative measures to reduce the spread of COVID-19; however, Tribe Fitness & Martial Arts cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Tribe Fitness & Martial Arts could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by attending Tribe Fitness & Martial Arts and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Tribe Fitness & Martial Arts may result from the actions, omissions, or negligence of myself and others. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Tribe Fitness & Martial Arts or participation. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Tribe Fitness & Martial Arts, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Tribe Fitness & Martial Arts, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

☐ I agree to these terms.

**How did you hear about us? \***

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Sign your name below:

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