



Competition Liability Waiver

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____

Emergency Contact: _____ Emergency Phone: _____

Informed Consent / Assumption of Risk: I, _____, am aware that there are significant risks involved in all aspects of physical training and as part of competing in the Winter Park Classic: Battle for LLS. I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in the Winter Park Classic: Battle for LLS, including, injuries, illness, incapacitation, and possibly death.

I accept full responsibility for any injury or death that may result from participation in any activity, workout or portion of the Winter Park Classic: Battle for LLS competition. 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 the Winter Park Classic: Battle for LLS. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in the Winter Park Classic: Battle for LLS.

By signing this document, I acknowledge that I have voluntarily chosen to participate in the Winter Park Classic: Battle for LLS. By signing this document, I acknowledge being informed of the strenuous nature of the activities/programs/workouts and the potential for 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 CROSSFIT WINTER PARK, the LEUKEMIA AND LYMPHOMA SOCIETY, as well as their owners, employees, and other authorized agents including independent contractors, harmless therefrom. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

Waiver and Release: I fully understand that the Winter Park Classic: Battle for LLS competition 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 CROSSFIT WINTER PARK and the LEUKEMIA AND LYMPHOMA SOCIETY (as well as any of their 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 the Winter Park Classic: Battle for LLS competition.

Emergency Medical Treatment: In case of emergency, I hereby grant permission to CROSSFIT WINTER PARK to notify the local Emergency Department to provide urgent medical treatment for myself. I agree to assume liability for any and all medical costs incurred as a result of my participation in the Course that are not covered by my insurance, including but not limited to costs of: medical care and treatment, ambulance services, hospital stays, and physician and pharmaceutical goods and services. I agree to indemnify and hold harmless CROSSFIT WINTER PARK (as well as any of its owners, employees, or

other authorized agents, including independent contractors) from all liability for such costs.

Photo/Video Release: I hereby grant CROSSFIT WINTER PARK and the LEUKEMIA AND LYMPHOMA SOCIETY permission to use my photograph/video image for any legitimate purpose, without payment or any other consideration in perpetuity. I hereby authorize CROSSFIT WINTER PARK and the LEUKEMIA AND LYMPHOMA SOCIETY 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 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 understand that all photos and images become the sole property of CROSSFIT WINTER PARK. I hereby hold harmless and release and forever discharge CROSSFIT WINTER PARK 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.

Indemnification: This document is a legal binding contract which supersedes any other agreements or representations by or between the parties and is intended to provide a comprehensive and complete release of liability, but is not intended to assert any claims or defenses which are prohibited by law.

I hereby agree to indemnify, defend, and hold harmless CROSSFIT WINTER PARK and the LEUKEMIA AND LYMPHOMA SOCIETY (as well as any of their owners, employees, or other authorized agents, including independent contractors) from any and all expenses incurred and claims made that relate to my participation in the Winter Park Classic: Battle for LLS competition. I understand that this agreement to indemnify, defend and hold harmless operates for myself as well as on behalf of my spouse, children, parents, guardians, heirs, next of kin and any legal or personal representatives, executors, administrators, successors and assigns, or anyone else who might claim or sue on my behalf.

Florida Law Applies: I agree that the Florida law will apply to all matters relating to this Waiver. I agree that exclusive jurisdiction for any dispute with CROSSFIT WINTER PARK or the LEUKEMIA AND LYMPHOMA SOCIETY resides in the courts of the State of Florida with mandatory venue in Orange County and expressly consent to the exercise of personal jurisdiction in the State of Florida in connection with any dispute.

Broad Interpretation: I understand and agree that this Waiver is intended to be as broad and inclusive as is permitted by the State of Florida, and that if any provision shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be severed from this Waiver and does not affect the validity and enforceability of any remaining provisions.

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

Participant's Signature Participant's Name (printed) Date

If the participant is under the age of 18

Parent/guardian Signature Parent/guardian name (printed) Date