



a l p h a

Movement Specialist

WAIVER AND RELEASE FORM

*IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE **NATIONAL OBSTACLE SERIES WORKOUT TOUR** AND SUB-EVENTS CONNECTED THERETO, I HEREBY AGREE TO ASSUME ALL LOSS, DAMAGE, ILLNESS, INJURY, INCLUDING DEATH, ARISING FROM THE EVENT.*

I release and hold free and harmless the organizers, employees, partners, agents and representatives, and any successors or assigns from any and all claims, actions, causes of action, liabilities of any nature or kind arising out of or in any way connected to my participation in the event. Furthermore, I do hereby state the following:

1. I acknowledge that this event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss.
2. I acknowledge and understand that there are inherent and significant risks associated with participation in the event, including (but not limited to) the potential for serious injury caused by any decreased blood pressure, chest discomfort, muscle cramps, strains, sprains, abnormal heart rate, soreness, nausea, heart attack, stroke and possibly death. I understand that such risks are relative to my level of fitness and health. Other risks include, but are not limited to those caused by terrain, facilities, actions of other people including, but not limited to participants, volunteers, spectators, coaches, event officials, and event monitors, temperature, weather, condition of athletes, equipment, vehicular traffic, and lack of hydration.
3. I understand that the coaches, trainers, and other individuals involved in staging the event are not licensed physicians and any suggestions or recommendations they may make regarding any aspect of my training or physical fitness are not being given as medical advice.
4. I verify that I am physically fit and capable of participating in the Event, and that my physician has approved my participation. I hereby acknowledge that I am solely responsible for my personal health and safety. I agree to immediately inform a trainer, coach, marshal, official or other representative of the organizers immediately upon feeling any pain, discomfort, fatigue or symptoms during or immediately following the event. I understand that I may stop participation at any time, and that I may be requested to do so by any representative of the organizers who observes symptoms of distress or abnormal response from me during my participation.
5. I consent to the organizers and their representatives to apply first aid and other emergency medical treatment for any injury or illness that may occur during my participation in the event.
6. I understand that the organizers reserve the right to determine whether I am still fit to continue to participate in the event and other sub-events of the National Obstacle Series Workout Tour.
7. I shall abide by the organizer's safety rules, regulations, advice and instructions.
8. I hereby grant my consent and permission to the organizers, its partner organizations and sponsors to use any and all information submitted in my application, and/or my name, photograph, videotape, motion picture recording, voice or likeness, including pre-marathon and post-marathon publicity free of charge.

I FINALLY DECLARE THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT OF RELEASE WAIVER AND QUITCLAIM, WHICH IS HEREBY GIVEN AND MADE WILLINGLY AND VOLUNTARILY AND WITH FULL KNOWLEDGE OF MY RIGHTS UNDER THE LAW.

Participant's Name: _____ Date: _____

Participant's Signature: _____