



Black Rose Fitness Society

Waiver of Liability

All Sections of Waiver Must be Complete

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by Black Rose Fitness Society, and with my full understanding of all of the above, I hereby wave, release, remise and discharge Carlee Brounstein, all Black Rose Fitness Society representation, Black Rose Fit LLC, and its agents, officers, principals, employees and volunteers, of any and all liability, claims, demands, actions or rights of actions, or damages of any kind or damages related to, arising from, or in any way connected with my participation in the Black Rose Fitness Society conditioning program.

This agreement shall be binding u[on me, my successors, representatives, heirs, executors, assigns or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give permission to administer the necessary first aid, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to medical facilities deemed necessary for the well being of the child.

Indemnification: I recognize there is risk involved in the types of activities offered by Black Rose Fitness Society. Therefore, I accept financial responsibility for any injury that the participant or I may cause either to him/herself or to any other participation due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Carlee Brounstein, Black Rose Fit LLC, 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 Black Rose Fit LLC.

I have fully read and fully understand the foregoing assumptions 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.

Participant's Signature: _____ Date: _____

Legal Guardian's Signature: _____
(If participant is under 18 years old)



Black Rose Fitness Society Waiver of Liability

All Sections of Waiver Must be Complete

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Emergency Contact and Phone #: _____

BLACK ROSE FIT LLC STRONGLY RECOMMENDS THAT YOU CLEAR YOUR PARTICIPATION IN ANY EXERCISE PROGRAM WITH YOUR PHYSICIAN. THE PROTOCOLS OF THIS PROGRAM WILL INVOLVE YOU IN RELATIVELY HIGH INTENSITY WORKOUTS AND IT IS IMPORTANT YOU UNDERSTAND THE FOLLOWING:

I _____, agree to participate in physical training sessions instructed by Black Rose Fitness Society trainer, or trainers affiliated with Black Rose Fit LLC. I am fully aware these fitness sessions are of a nature and kind that are extremely strenuous and will push me to the limits of my physical abilities.

I recognize and understand these training sessions are not without varying degrees of risk, which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems, which can result in serious injury or death, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in this crossfit training program and accept full responsibility for any injury or death that may result from my participation.

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 Black Rose Fit LLC. I understand there exists the possibility of adverse physical changes during an exercise program. I fully understand that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances heart attack or even death. I understand that certain prescribed medications may exacerbate these physiological changes and create an even greater risk of physical damage or death. With my full understanding of the above information, I agree to assume any and all risks associated with my participation in this fitness program.

Initials: _____