



Gutted Fitness is dedicated to helping individuals improve their mental and physical health, take control of and improve their quality of life.

Detox. Define. Unwind

Waiver and Release of Liability

I voluntarily in a program given by Gutted Fitness. I understand that the activities are designed to improve aerobic capacity and/or muscular strength and endurance and may address and improve my mental health. I understand that the activities may test an individual's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I understand that classes or events may or may not be taught by certified instructors. Therefore, I assume responsibility for monitoring my own condition throughout my workouts and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.

I am aware of the risks associated with traveling to and from as well as participating in this Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this Activity, including travel to, from and during this Activity.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Christie Holland and Gutted Fitness, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
2. Indemnify and hold harmless Gutted Fitness, their venues and their elected and appointed officials, employees, students, instructors, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.
3. In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.



Gutted Fitness is dedicated to helping individuals improve their mental and physical health, take control of and improve their quality of life.

Detox. Define. Unwind

Waiver and Release of Liability

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I know that there may be risks associated with fitness and mental health classes and willingly accept those possibilities. I take full responsibility for my own health and safety in participating in the activities and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant Name	Address	Signature	Date
------------------	---------	-----------	------

Parent/Guardian (Under 18):	Relation to Minor	Parent/Guardian Signature
-----------------------------	-------------------	---------------------------

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Name	Relation	Contact Number



Gutted Fitness is dedicated to helping individuals improve their mental and physical health, take control of and improve their quality of life.

Detox. Define. Unwind

Waiver and Release of Liability

Informed Consent for Photography

I hereby grant GUTTED Fitness, its representatives and employees, permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed in relation to Gutted Fitness and its services and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used for diverse reasons within an unrestricted geographic area. I agree that Gutted Fitness may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or printed promotional material. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

Participant Name	Signature	Date
_____	_____	_____
Parent/Guardian Name (Under 18): Signature	Relationship to Minor	Parent/Guardian
_____	_____	_____