

ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of participating in any way in any athletic/sports program, activities and/or related events endorsed by *The Evolve 2 Group, LLC.*, the undersigned:

1. Agree to inspect the facilities and equipment prior to each use. If the participant believes anything to be unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve serious risk of injury, including but not limited to permanent disability and death, severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction and negligence of others, or the condition of the premises or of any equipment used.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Justin Taylor and or any facilities in coordination with *The Evolve 2 Group*, its affiliated clubs, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers and id applicable owners and lessors or premises used to conduct any events, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death and damaged property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
5. Give permission to *The Evolve 2 Group* to use my pictures for any *The Evolve 2 Group* general publicity and or marketing materials.

This agreement shall remain in effect for the duration of any involvement in *The Evolve 2 Group*.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. I AGREE THAT THIS AGREEMENT WILL BE GOVERNED BY THE LAWS OF THE COMMONWEALTH OF KENTUCKY.

Name (print):	
Phone:	Email:
Name (SIGN):	Date:

Please list any known allergies participant has that I should be aware of:

Please list any known medication participant is on that I should be aware of:

