



PERSONAL DETAILS AND WAIVER

Name & Surname: _____ I.D. Number: _____

Email: _____ Cell phone: _____

Address: _____

In an emergency, I would like BUC Fitness to call:

Name & Surname: _____ Phone number: _____

WAIVER AND RELEASE LIABILITY

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of the above-mentioned risks may result in serious injury or death to me and or my partners(s).

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of BUC Fitness. I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Vehicle risk: BUC Fitness and/or its officers and/or its servants and/or its duly authorized agents or the independent contractors of any of them or the employees of any of them (hereinafter referred to as "the Gym") does not accept or take any responsibility or liability for the safe custody of any of the Gym's clientele's vehicles or articles therein nor for any damage to vehicles, articles therein nor for any injuries or loss to any persons, on the Gym's premises and its surrounds whether as a result of the negligence or even the gross negligence of the Gym or any cause whatsoever including but not limiting the generality thereof collision, fire, theft, rain or hail. All persons using the Gym's facilities and all person's vehicles parked on the Gym's premises by the Gym's members and the visitors of the Gym and all persons utilising any of the Gym's facilities do so at their own risk.

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by BUC Fitness, I, The undersigned, hereby release BUC Fitness, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, Heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of this agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with BUC Fitness to administer first aid deemed necessary, 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 a medical facility deemed necessary for the well-being of the child.

Photography/Video Release: Participants involved in any activities offered by BUC Fitness may be photographed or videotaped during training. The undersigned hereby consents to the use of the photographs and/or videos without compensation, on the BUC Fitness website or in any editorial, promotional or advertising material produced and/or published by BUC Fitness.

*I have read and understood the foregoing assumption of risk and release of liability and 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.*

Name & Surname: _____

Signature of participant: _____ Date: _____

If the participant is under the age of 18:

Signature of Parent/Guardian: _____ Print name: _____

Date: _____
