

OCR Unleashed, Inc.

WAIVER OF LIABILITY

Last Name _____ First _____ M.I. _____

E-mail _____ *Cell/Best Contact # (____) _____

Street Address _____ City _____ State _____ Zip _____

In Case of Emergency- Contact Name: _____ Best Number (____) _____

- Check here to opt in to receive our newsletter with specials and schedule updates _____
- Check here to allow photos on social media and our marketing _____

As a participant in an individualized, vigorous conditioning program pursuant to this questionnaire, I voluntarily intend to and will engage in strenuous athletic and physical fitness activities as part of my overall conditioning program. I understand that these athletic and physical fitness activities involve certain risks and exposure to personal injury.

I agree to observe and obey all rule and warnings and further agree to follow any oral instructions or directions given by the trainers at the obstacle course.

I agree to pay for all damages to the OCR Unleashed, Inc. @ Great Falls, VA caused by my negligent, reckless or willful actions.

I hereby release in full and forever discharge OCR Unleashed, Inc., it's Board Members, directors, officers, agents and employees; certified fitness instructors, conditioning specialists, whether acting within the scope of their employment or otherwise, on behalf of myself, my heirs, executors, assigns, administrators, and personal representatives from any and all claims, demands or causes of action relating to or deriving from my activities related to my engaging and participating in this conditioning program which may result in my death or in an injury to my person or property of any sort whatsoever. This applies to OCR Unleashed Inc. @ Great Falls, Krop's Crops, and it's owner and property.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

I declare to the best of my knowledge my answers are true, correct, and complete.

Printed Name: _____

Signature: _____ Date ____/____/____

Printed Name of Parent (if under 18 years) _____ First _____

Signature of Parent: _____