## WAIVER OF LIABILITY, RELEASE, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WARRIORS INSTITUTE OF FITNESS AND SPORTS, INC. (a Texas not for profit company)

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	parent or legal guardian for		ARTICIPANT") for
and in consideration of PARTICIPANT's participation of Sports, Inc., or its affiliates, (collectively, the "Compan or wrongful death in connection with, relating to or aris activities ("collectively "Sports and Fitness Related Act For purposes of the following, "PARTICIPANT" include PARTICIPANT or his or her parents or guardian include.	y") relinquishes and waives any and all claims ar sing from any and all softball, baseball, sports, tra tivities"), wherever and however such personal ir es the PARTICIPANT, the parent or guardian sig	nd causes of action for personal injuining, practice, travel, games or rel njuries, property damage, or wrongf ning on his or her behalf, and any a	ury, property damage lated events and ful death may occur.
PARTICIPANT acknowledges, understands, has full I understands that such sports and fitness related active death and other injuries and damages which may arise may be caused by the negligence of PARTICIPANT of and dangers in connection with or relating to Sports a acknowledges, understands and assumes the risks and activities take place. PARTICIPANT further acknowledge of action (a) arising from the performance or failure to to warn of dangerous conditions existing in or at such RELEASEES; and (d) arising from negligent supervise.	vities involve risks to PARTICIPANT, including pure there from. PARTICIPANT further acknowledger negligence of others, including the "RELEASE and Fitness Related Activities not known or reason rising from use of or presence in or at facilities of adges, understands and agrees that included with perform maintenance or inspection or to supervula facilities or premises; (c) arising from negligent	ossible bodily injury, partial or total ges and understands: (a) that such ES," identified below; and (b) that onably foreseeable at the present to premises in or at which Sports at hin scope of this Agreement are ar ise or control facilities or premises:	I disability, paralysis, n risks and dangers there may be risks time. PARTICIPANT nd Fitness Related ny claims or causes ; (b) relating to failure
PARTICIPANT UNDERSTANDS AND AGREES THA RELEASEES FROM LIABILITY FOR PERSONAL IN- ANY NEGLIGENCE BY ANY RELEASEES.			
PARTICIPANT expressly acknowledges and agrees t serious injury and/or death and/or property damage. I intended to be as broad and inclusive as is permitted shall not affect the validity of the remainder of the Agr	PARTICIPANT further expressly agrees that the by the law of the State of Texas. Any portion of	foregoing release, waiver, and ind this Agreement which may be dete	lemnity provisions are
'RELEASEE' mean the Company and each of their revent hosts, officials, sponsors, advertisers, insurers and any and all officers, directors, agents, employee	and owners and operators of facilities and prer	mises used for Sports and Fitness	
PARTICIPANT agrees that if any claims or causes of or arising out of any Sports and Fitness Related Activ hold harmless such RELEASEES from such claims o and cost and expenses to defend.	rities is made or commenced against any RELEA	ASEES, PARTICIPANT shall defen	nd, indemnify and
PARTICIPANT ACKNOWLEDGES THAT HE OR SH REPRESENTATIONS OF ANY RELEASEES; (C) HA FULLY ADVISED OF THE RISKS AND POTENTIAL VOLUNTARILY, UNDERSTANDING THAT THIS AG ORGANIZATIONS RELATED THERETO, TO EXIST	AS, TO THE BEST OF HIS OR HER KNOWLEI DANGERS OF SPORTS OR FITNESS RELAT REEMENT IS NECESSARY IN ORDER FOR A	DGE AND TO HIS OR HER SATIS TED ACTIVITIES; AND (D) SIGNS	SFACTION, BEEN THIS AGREEMENT
***DDINITED NAME	***SIGNATURE	/_ ***DATE	/20
***PRINTED NAME	SIGNATURE	""DATE	
***CELL #	***E-MAIL ADDRESS		
***Please circle which applies: Parent	Legal Guardian		
Do you have insurance which would cover injurious	es which may occur in Sports and Fitness F	Related Activities? Please circle	e: YES NO
If you answered YES please fill out the following	g information:		
Insurance Company Name:	PHONE #:		
Policy and Group Number:			
Participant's Primary Care physician: Name:		PHONE #:	

\*\*\*REQUIRED INFORMATION