

## **Information, Waiver & Release**

1. I represent that I am physically capable of participating in the obstacle race and/or team challenge provided by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm, I understand that physical exercise can be strenuous and I am subject to risk of serious injury. I understand that no exercise/activity program should be undertaken without the consent of a medical doctor and I am responsible for undertaking to obtain such consent.
2. I agree that if I engage in any physical activity, or use any amenity of Roger Hall, on the premises of Maple Shade Farm, including any sponsored event, I do so ENTIRELY AT MY OWN RISK. Any recommendations for changes in diet, including the use of food supplements and/or weight reduction products are entirely my responsibility and I will consult a physician prior to undergoing any dietary or food supplement changes.
3. I agree that I am voluntarily participating in the activities provided, directly and indirectly, by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm, and the use of facilities and premises provided and ASSUME ALL RISKS of injury, illness, or death.
4. I agree that Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm, are not responsible for any loss of, or damage to, personal property.
5. I understand that the exercises provided at Farm Olympics by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm, may be extremely demanding and I take full responsibility for knowing monitoring and acting within my abilities and learning and incorporating any modifications or adaptations necessary to proceed with such activities in a safe and appropriate manner.
6. I agree that Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm shall not be liable or responsible for any injuries to me which may occur as a result of (a) my use of all amenities and equipment provided by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm and my participation in any activity, class, program, or instructor, (b) the sudden and unforeseen malfunctioning of any equipment, and (c) slipping and/or falling while in/near the facility.
7. I acknowledge that I have read this Waiver and Release and understand that it is a RELEASE OF LIABILITY.
8. I expressly agree to release and discharge Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm for any and all claims, causes of action or judgments that may arise out of any of the events noted above and I agree to voluntarily forfeit or waive any right that I may have to bring legal action against Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm for personal injury or property damage. To the extent that statute or case law does not prohibit release for ordinary negligence, this release applies to any ordinary negligence on the part of Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm.
9. I grant Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm permission to use my likeness in photograph and video in any and all of its publications and in any and all other media, in perpetuity, and for other use by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm. I will make no monetary or other claim against by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm for the use of such photograph and video.

By signing this Waiver & Release, I acknowledge that I have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I expressly agree that this release shall be binding upon my heirs, executors, administrators, and assigns.

Payment, Refund & Cancellations Policy

Payment for all products, services and special programs in full is required at the point of sale. All Sales are final, all payments for products and services are non-refundable, and services are non-transferrable. by Catskill Kettlebells, Taste of the Catskills, and Maple Shade Farm reserve the right to terminate an individual's participation in any program or membership at any time. If such termination is due, in the sole judgment of Roger Hall, instructor to the unsafe, disruptive, uncooperative, negligent, reckless or otherwise improper acts or omissions of, or violation of any policy of Roger Hall, instructor by the client, all amounts previously paid will be forfeited.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact

(Name/Number): \_\_\_\_\_