

# Release of Liability Waiver



I, as named on this page, agree to participate in the WARRIOR AFFILIATE LEAGUE (WAL) competition series, a fitness competition hosted by CCF ATHLETICS (CCFA) (Formerly known as Chino CrossFit); and willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation.

I am fully aware that the fitness competition in which I desire to participate is a nature and kind that is extremely strenuous and can/may push me to the limits of my physical abilities. I, the undersigned, am aware that strenuous physical exercise and lifting heavy weights could result in serious injury to the musculoskeletal and/or cardio respiratory systems, or possibly even death. I recognize and understand that my participation in this competition exposes me to varying degrees of risk due to, but not limited to:

- Negligence on the part of myself or other people
- Improper use or failure of equipment
- Existing medical condition, whether known or unknown
- Poor mechanics during the execution of complex movements under heavy load.

I hereby waive, release, remise, and discharge CCFA, WAL, and all its agents, officers, principals and employees, and volunteers of the WAL competition of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in the WAL competition, including those allegedly attributed to the negligent acts or omissions of the undersigned individual.

I accept financial responsibility for any injury that I may cause, either to myself, or to any other participant due to my negligence. Should the undersigned individual, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless CCFA, WAL, their principals, agents, employees, and volunteers of WAL competition from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the WAL competition.

We agree to allow CCFA, WAL, its principals, agents, employees, and volunteers of WAL competition to use picture(s), images, film, and/or likeness of me recorded during the competition for advertising, marketing, and media purposes.

## Monitoring & Management of Symptoms/Exposure

The symptoms of COVID-19 include but are not limited to: fever, dry cough, fatigue, loss of appetite, loss of smell, and body ache. In some people, COVID-19 causes more severe symptoms like high fever, sever cough, and shortness of breath, which often indicates pneumonia.

I, the undersigned, understand that any presentation or experience on my part of any symptoms of COVID-19 requires immediate exit from the competition facility. I acknowledge that no third party, either from the facility or otherwise, will be capable of monitoring my symptoms, and it is my responsibility to be continually cognizant of all symptoms and interactions with other individuals who may have been exposed all times. I agree that I will remove myself from participating and seek medical treatment of my own accord should I have any concerns regarding possible symptoms of COVID-19

I, the undersigned, agree to monitor myself in a manner that is outlined by the CDC, Federal, State, Local and the Fitness Center Guidelines to be accountable for my actions and to limit community spread. I acknowledge and understand that I am the only individual capable of determining if I am experiencing COVID-19 symptoms. I hereby agree and do willingly assume responsibility for any risks that I expose myself to and accept full responsibility for any injury or death that may result from participating in this significantly demanding physical activity. I for myself and on behalf of my heirs, assignees, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and CONVENANT NOT TO SUE and/or their officers, directors, representatives, partners, officials, principals, agent or employees, subsidiaries, or assignees, as well as their independent contractors.

I agree to the following safety guidelines: Wash my hands before, during and after workouts/Wipe down all equipment before and after use with disinfectant supplies provided/ Provide my own source of water and towel/Provide a towel to use on mats, benches and other surfaces in order to avoid contact/respect the 6-FT spacing/social distancing requirements/I (ONE) member in restroom at a time.

I have fully read and completely understand the foregoing assumption of risk, and release of liability; and I understand that signing this waiver 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.

Team Name/ Division: \_\_\_\_\_ Affiliante Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
NAME SIGNATURE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_