



MEMBER LIABILITY WAIVER

MEDIA RELEASE

MEMBER NAME: _____
(MM/DD/YEAR) BIRTH DATE: ___/___/___
ADDRESS: _____
PHONE: _____
EMAIL: _____

1. ASSUMPTION OF RISK

BY SIGNING THIS WAIVER, I ACKNOWLEDGE THAT PARTICIPATION IN ANY FITNESS ACTIVITIES, CLASSES, TRAINING SESSIONS, OR USE OF EQUIPMENT AND FACILITIES AT **ALLIANCE FACTOR AND ROGUE FITNESS & MARTIAL ARTS** INVOLVES INHERENT RISKS. THESE RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL INJURY, ILLNESS, MUSCLE STRAINS, SPRAINS, BROKEN BONES, HEART-RELATED CONDITIONS, OR OTHER HEALTH COMPLICATIONS. I UNDERSTAND THESE RISKS AND VOLUNTARILY CHOOSE TO PARTICIPATE.

2. RELEASE OF LIABILITY

I HEREBY RELEASE, WAIVE, AND DISCHARGE **ALLIANCE FACTOR, ROGUE FITNESS & MARTIAL ARTS**, ITS OWNERS, STAFF, TRAINERS, INDEPENDENT CONTRACTORS, PARTNERS, AND AFFILIATES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY THAT MAY BE SUSTAINED WHILE ON THE PREMISES OR PARTICIPATING IN GYM-RELATED ACTIVITIES.

THIS RELEASE APPLIES TO INJURIES OR DAMAGES CAUSED BY: - NEGLIGENCE (ORDINARY) OF THE FACILITY OR ITS STAFF, - EQUIPMENT FAILURE OR MALFUNCTION, - OTHER MEMBERS OR PARTICIPANTS, - ACCIDENTS OCCURRING ANYWHERE ON THE PREMISES, - PARTICIPATION IN CLASSES, TRAINING SESSIONS, OR EVENTS.



3. HEALTH ACKNOWLEDGMENT

I CONFIRM THAT: - I AM PHYSICALLY AND MENTALLY ABLE TO PARTICIPATE IN FITNESS ACTIVITIES. - I HAVE CONSULTED WITH A HEALTHCARE PROFESSIONAL OR ASSUME FULL RESPONSIBILITY FOR PARTICIPATING WITHOUT SUCH CONSULTATION. - I WILL INFORM STAFF OF ANY RELEVANT HEALTH CONCERNS. - I AGREE NOT TO USE THE FACILITY IF I AM EXPERIENCING SYMPTOMS OF ILLNESS OR CONTAGIOUS CONDITIONS.

4. EQUIPMENT & FACILITY USE

I AGREE TO USE ALL EQUIPMENT PROPERLY AND FOLLOW POSTED RULES, INSTRUCTIONS FROM STAFF, AND SAFETY GUIDELINES. I UNDERSTAND THAT IMPROPER USE OF EQUIPMENT OR FAILURE TO FOLLOW RULES MAY INCREASE RISK OF INJURY AND CAN RESULT IN REVOKED MEMBERSHIP. I AM RESPONSIBLE FOR: - INSPECTING EQUIPMENT BEFORE USE, - REPORTING ANY UNSAFE CONDITIONS IMMEDIATELY, - REPLACING WEIGHTS AND EQUIPMENT AFTER USE, - RESPECTING ALL MEMBERS AND STAFF.

5. 24/7 ACCESS ACKNOWLEDGMENT

SINCE **ALLIANCE FACTOR & ROGUE FITNESS & MARTIAL ARTS** OPERATES 24/7, STAFF MAY NOT ALWAYS BE PRESENT. I UNDERSTAND THAT: - I AM ENTERING AND USING THE FACILITY AT MY OWN RISK DURING UNSTAFFED HOURS. - EMERGENCY RESPONSE MAY BE DELAYED DURING THESE TIMES. - I WILL NOT ALLOW ENTRY TO ANY NON-MEMBER UNDER ANY CIRCUMSTANCES. UNAUTHORIZED ENTRY OR TAILGATING WILL RESULT IN IMMEDIATE MEMBERSHIP TERMINATION AND POSSIBLE LEGAL ACTION.



6. PERSONAL BELONGINGS

I ACKNOWLEDGE THAT **ALLIANCE FACTOR AND ROGUE FITNESS & MARTIAL ARTS** IS NOT RESPONSIBLE FOR ANY LOST, STOLEN, OR DAMAGED PERSONAL ITEMS BROUGHT ONTO THE PREMISES.

7. MEDIA RELEASE (SOCIAL MEDIA, MARKETING, AND PROMOTIONS)

I GIVE ALLIANCE FACTOR FULL PERMISSION TO CAPTURE, USE, AND PUBLISH PHOTOS OR VIDEOS OF ME TAKEN WITHIN THE GYM OR DURING GYM-RELATED EVENTS FOR PROMOTIONAL PURPOSES, INCLUDING BUT NOT LIMITED TO: - SOCIAL MEDIA PLATFORMS, - WEBSITE CONTENT, - ADVERTISING MATERIALS, - PRINTED MATERIALS, - ONLINE MARKETING.

I UNDERSTAND THAT: - MY IMAGE MAY BE USED WITHOUT COMPENSATION. - THESE MATERIALS MAY BE VIEWED PUBLICLY. - I MAY REVOKE THIS PERMISSION AT ANY TIME BY SUBMITTING A WRITTEN REQUEST; ANY PREVIOUSLY PUBLISHED MEDIA WILL REMAIN.

IF I DO NOT WANT TO BE INCLUDED IN CONTENT, I WILL INFORM STAFF IN WRITING BEFORE PARTICIPATING.

8. YOUTH MEMBER POLICY

MEMBERS 15 YEARS OLD AND YOUNGER MUST BE ACCOMPANIED AND DIRECTLY SUPERVISED AT ALL TIMES BY EITHER:

- A PARENT OR LEGAL GUARDIAN, OR
- A CERTIFIED PERSONAL TRAINER APPROVED BY **ALLIANCE FACTOR AND ROGUE FITNESS & MARTIAL ARTS**.

FAILURE TO FOLLOW THIS RULE MAY RESULT IN IMMEDIATE SUSPENSION OR TERMINATION OF MEMBERSHIP.



9. MEMBERSHIP POLICIES

I AGREE TO FOLLOW ALL GYM RULES, MEMBERSHIP POLICIES, AND UPDATES PROVIDED BY ALLIANCE FACTOR AND ROGUE FITNESS & MARTIAL ARTS. FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR TERMINATION OF MEMBERSHIP.

10. INDEMNIFICATION

I AGREE TO INDEMNIFY AND HOLD HARMLESS ALLIANCE FACTOR AND ROGUE FITNESS & MARTIAL ARTS FROM ANY CLAIMS, DAMAGES, OR EXPENSES (INCLUDING LEGAL FEES) RESULTING FROM MY ACTIONS, MISUSE OF EQUIPMENT, NEGLIGENCE, OR VIOLATION OF GYM RULES.

11. BINDING AGREEMENT

THIS WAIVER AND RELEASE IS LEGALLY BINDING UPON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS. I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND SIGN IT.

MEMBER SIGNATURE: _____

DATE: ___/___/___

PARENT/GUARDIAN NAME (IF MEMBER IS UNDER 18):

PARENT/GUARDIAN SIGNATURE: _____

DATE: ___/___/___

STAFF SIGNATURE: _____

DATE: ___/___/___