

## UA FITNESS CLASS WAIVER

I, the undersigned, hereby acknowledge and understand that participation in UA Fitness classes and related activities conducted by UA Fitness Instructor Paul S. Dorsey III a/k/a Mr. P involves certain risks and potential dangers. By signing this waiver, I voluntarily agree to participate in the class and assume all risks associated with my participation.

### Participant Information:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name & Number: \_\_\_\_\_

### Assumption of Risk:

I acknowledge that I am voluntarily participating in the UA Fitness class(es) provided by the Provider. I understand that physical exercise, by its very nature, carries with it certain inherent risks, including but not limited to physical injury, strain, discomfort, and even the possibility of serious injury or death. I hereby assume all risks and responsibility for any such injuries or other medical incidents.

### Waiver and Release:

I hereby release, waive, discharge, and agree not to sue the Provider, its employees, representatives, affiliates, UA FITNESS, UA CUSTOMS LLC, Puerto Rock, Blink Fitness, Planet Fitness, New York Sports Club, Retro Fitness, Lincoln Terrace Park, NYC Parks and Recreation or agents from any claims, demands, liabilities, rights, damages, expenses, and causes of action of any nature arising out of or in connection with my participation in the UA Fitness class(es), whether caused by the negligence of the Provider or otherwise.

### Medical Representation:

I represent that I am physically fit to participate in the UA Fitness class(es) and have no medical condition that would prevent my safe participation. If I have any medical conditions or concerns, I have consulted with a healthcare provider and obtained clearance to participate.

### Consent to Medical Treatment:

I hereby consent to receive any necessary medical treatment resulting from my participation in the UA Fitness class(es) and agree to bear all costs associated with such treatment.

### Photography and Video Release:

I hereby grant permission to the Provider to take and use photographs and videos of me for promotional purposes without compensation. [Optional]

### Acknowledgment:

I have read this UA Fitness Class Waiver, understand its contents, and agree to be bound by its terms. I understand that I am giving up substantial legal rights by signing this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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