

Seattle Whole Health & Fitness
4828 California Ave SW Seattle, WA 98116
Tel: 206.932.7943 Fax: 206.932.8686



www.drtri.com

DATE: _____

NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

BIRTHDATE: _____ HOME TEL: _____ MALE / FEMALE

EMAILADDRESS: _____

EMERGENCY CONTACT: _____ TEL: _____

ALLERGIES: _____ MEDICATIONS: _____

All the above information is true and correct to the best of my knowledge. I have also read and signed the additional waiver and release of information as related to emergency care in the effect of injury or illness..

SIGNATURE: _____

WAIVER – Signature and Date Required

PLEASE READ CAREFULLY BEFORE AGREEING TO THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY(AWRL)

I acknowledge that the DrTri Strength & Conditioning Class may be an extreme test of a person's physical and mental limits and carries with it the potential for injury and/or property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN, AND TRAINING FOR, the DrTri Strength & Conditioning Class. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. I acknowledge that my statements on this AWRL are being accepted by Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, and DRTRI in consideration for allowing me to become a member of the DrTri Strength & Conditioning Class and are being relied upon by Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, and DRTRI. In consideration for allowing me to become a participant of the DrTri Strength & Conditioning Class and allowing me to participate in this event(s), I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the rules adopted by Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, and DRTRI, and I acknowledge that my membership may be revoked for violation of the rules; (b) I AGREE that prior to participating in an event, or training, I will inspect the facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in, training for, or my traveling to or from this event(s), THE FOLLOWING PERSONS OR ENTITIES: Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, DRTRI, VOLUNTEERS, ALL STATES, CITIES, COUNTRIES, OR OTHER GOVERNMENTAL BODIES OR LOCATIONS IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE that there may be traffic or persons on the facilities and areas to be used, and I ASSUME THE RISK OF PARTICIPATING IN THIS EVENT(S) SANCTIONED BY Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, and DRTRI under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in, or training for, this event(s) including but not limited to falls, contact and/or effects with other participants, effects of weather including heat, cold, and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other participants, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may be the result of the negligence of persons or entities mentioned above in subparagraph (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subparagraph (c) for any of the claims, losses, or liabilities that I

have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subparagraph (c) from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Competitive Rules; or (iv) any other harm caused by me.

I FURTHER GRANT PERMISSION for the use of my name and/or likeness relating to my participation in a Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, and DRTRI training event,, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility ("Medical Provider") to treat or relieve any injuries arising out of or relating to any event sanctioned Michael G. Ross DC, CSCS, Seattle Whole Health & Fitness, and DRTRI. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve any such injuries and any related conditions that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk. I acknowledge that no warranty is being made as to the results of any medical treatment.

Severability. If any provision of this Liability Waiver shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Liability Waiver and shall not affect the validity and enforceability of any remaining provisions.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT.

Print Name: _____

Signature: _____

Date: _____