

Revolution Powerlifting Syndicate

Official Liability Waiver - Must be Signed by all Participants

Event Name

Event Location

Event Date

In consideration of being allowed to participate in any way in the powerlifting competition dated above and any related events and activities,

PRINT NAME

HERE I, _____, the undersigned, acknowledge and agree that:

1. I represent that I know of no medical reason or condition that would impair my ability to participate in this event. I acknowledge, understand and accept the inherent risks of powerlifting, including permanent paralysis and death, and while specific rules, equipment and personal responsibility may reduce the risk of serious injury, I knowingly and freely assume all such risks, known and unknown, even those arising from the negligence of others, and I assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during participation, I understand that it is my responsibility to remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE, INDEMNIFY AND HOLD HARMLESS, REVOLUTION POWERLIFTING SYNDICATE, AMELIA RYCHLAK, EVENT FACILITY FOR DATED EVENT, its trustees, directors, officers, employees, servants, representatives and agents from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of or in any way connected with this activity and my participation therein.
4. I understand that I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my participation in the activities in this program.
5. I agree that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures"), and/or audio recordings ("Recordings"), may be taken of me by or on behalf of Revolution Powerlifting Syndicate and in connection with this Activity, and, without any compensation or further notification or approval by me, grant to Revolution Powerlifting Syndicate, its agents, employees, and others working on Revolution Powerlifting Syndicate's behalf ("RPS") the unlimited, perpetual, worldwide, unconditional and irrevocable right and license to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, make commercial use of and otherwise use directly or indirectly the Pictures, Recordings and/or my image, voice, likeness and/or video footage in any form, format or media ("Media"), for any purpose, including but not limited to advertising, promoting or providing information about and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Revolution Powerlifting Syndicate.
6. I hereby agree to release and discharge RPS, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures, Recordings, or Media.
7. I fully understand that I enter the Am (drug tested) divisions. I may be selected to take a urinalysis test. If this test is found to be positive for anabolic steroids I (the signed applicant) will pay for the cost of this test. If the test is found to be negative, the test will be paid for by the RPS. By signing the release from liability, I irrevocably waive all rights, claims, demands, lawsuits and causes of action against everyone connected with this contest with regard to the result of any drug test.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely to be permitted to participate in this event.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name in so far as the above is concerned or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this release of liability and assumption of risk agreement.

Participant's Signature - Date

Emergency Contact Name and relationship

Participant's Phone Number & Email Address

Emergency Contact phone number

Participant's Address

PARENTS/GUARDIANS OF MINOR AGE PARTICIPANTS

I, the undersigned are parent/legal guardian for participant, consent and agree to participant's release as stated above and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless RPS University, its trustees, directors, officers, employees, servants, representatives and agents from any and all liabilities associated with my minor child's participation to the fullest extent permitted by law.

Parent/Guardian Name (please print)

Parent/Guardian signature

Parent/Guardian address and phone number

11-1-23