

## **Physical Training Liability Waiver**

In consideration of my use of the facilities, equipment, and training provided by KBC Athletics, LLC d/b/a Showtime Elite Chambersburg ("SEC"), I expressly agree, on behalf of myself, my heirs, executors, administrators, successors and assigns, that SEC and its insurers, employees, officers, and directors, shall not be liable for any damages arising from personal injuries (including death) sustained by me in, on, or about the premises, or as a result of the use of the equipment, facilities, or training, regardless of whether such injuries result, in whole or in part, from the negligence of SEC.

By the execution of this Waiver, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me, and I hereby fully and forever release and discharge SEC, its insurers, employees, officers, and directors, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, foreseen or unforeseen, resulting from or arising out the use of said equipment, facilities, or programming.

I agree to indemnify and hold SEC harmless against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or by others from my actions.

I agree to comply with all rules imposed by SEC regarding the use of the facilities and equipment, and participation in training exercises. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand and acknowledge that participation in the activities of SEC and use of such equipment requires a requisite level of physical fitness and involves risk of serious injury, including permanent disability and death. If I have any concerns about pre-existing medical conditions or current health, I will consult my doctor prior to participating in any SEC program. I agree to never participate in an activity beyond my own comfort level. If at any time I become uncomfortable, I will immediately STOP following this program and voice any issues with SEC staff.

I further understand and acknowledge that participation in the activities of SEC and use of such equipment involves close contact with other participants, which may lead to contraction of a contagious disease or illness, whether symptomatic or asymptomatic. I accept and assume full responsibility for contraction of any such disease or illness, and agree to release and discharge SEC pursuant to the terms of the second paragraph of this Waiver.

I HAVE READ THE FOREGOING PHYSICAL TRAINING LIABILITY WAIVER AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

\_\_\_\_\_  
Signature of Parent/Guardian/Athlete over the age of 18

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Print Name of Parent/Guardian/Athlete over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete Name