



Waiver and Release Agreement for Minor and Guardian

I, (print name of Parent or Guardian), _____ hereby acknowledge that I have voluntarily applied for my minor child (print name of Participant), _____ to enter Stronghold Gym, LLC to participate in either a course of instruction and training, or to participate in physical activities alone and with other minors. These activities may take place either inside or outside of the facility located at 925 ½ Huger Street, Columbia, SC. These activities will include one or more of the following: rock climbing, belaying, bouldering, weight lifting, aerobic exercise, and cardiovascular activities.

I AM AWARE THAT PARTICIPATING IN ROCK CLIMBING, BELAYING, BOULDERING, WEIGHT LIFTING, AEROBIC EXERCISE, CARDIOVASCULAR ACTIVITIES AND INSTRUCTION ARE HAZARDOUS. I VOLUNTARILY APPLY FOR MY MINOR CHILD TO ENTER INTO THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE DANGER INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH. (Initials of Parent or Guardian) _____

In consideration of being permitted to participate in one or more of the following, namely rock climbing, belaying, bouldering, weight lifting, aerobic exercise, cardiovascular instruction and activities conducted by Stronghold Gym, LLC I, for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, and discharge Stronghold Gym LLC, its shareholders, directors, officers, employees, agents, instructors, or any affiliated person or organization, and each of them, and their respective owners, employees, and instructors, hereinafter called Releasees, from all liability to me, my spouse, legal representatives, heirs and assigns, for any and all damage, any claim for damages resulting in the death of the above named participant, whether caused by negligence of the Releasees or otherwise while the above named participant is taking part in any rock climbing, belaying, bouldering, weight lifting, aerobic exercise, and cardiovascular activities whether during their course of instruction or otherwise.

I hereby agree that I, my heirs, distributes, guardians, legal representatives, and assigns, will not make any claim against, sue, attach the property of, or prosecute Stronghold Gym LLC, its shareholders, directors, officers, employees, agents, instructors, or any affiliated person or organization, and each of them, and their respective owners, employees, and instructors, for the injury or damage resulting from the above named participant's participation in any one or more of the following activities, namely rock climbing, belaying, bouldering, weight lifting, aerobic exercise, and cardiovascular activities or received as a result of any of said activities.

I hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the negligence of Releasees or otherwise while the above named participant is participating in one or more of the following activities, namely rock climbing, belaying, bouldering, weight lifting, aerobic exercise, and cardiovascular activities and while competing in, officiating in, working in, or for any purpose participating in any of said activities. I specifically acknowledge the possibility of loss, damage, bodily injury, negligence, and acts of god, and specifically assume the risk with regard to the same.

I acknowledge that Stronghold Gym LLC, or affiliated persons working on behalf of Stronghold Gym, LLC will periodically be taking photographs and recording video both inside and outside of the facility located at 925 ½ Huger street, Columbia, SC without prior notice. I agree to have my likeness and the likeness of the above named participant recorded in the form of photographs and videos to be used by Stronghold Gym LLC for promotional purposes. All photographs and videos containing my likeness and the likeness of the above named participant remain sole property of Stronghold, LLC.

I expressly agree that this release, waiver, and indemnify agreement is intended to be broad and as inclusive as permitted by the laws of the state of South Carolina, and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full force and effect.

Stronghold Gym, LLC has my permission to administer emergency procedures or seek medical attention for my minor child if needed in my absence.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND STRONGHOLD GYM LLC, AND/OR PERSONS OR ORGANIZATIONS AFFILIATED WITH STRONGHOLD GYM LLC, AND I HAVE SIGNED THIS OF MY OWN FREE WILL. (Initials of Parent or Guardian) _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Print Name of Participant

Participant's Date of Birth

Emergency Contact and Phone Number

Alternate Phone Number

Street Address, City, State, Zip Code

E-mail Address

IN WITNESS WHEREOF, I have executed this release at Columbia, South Carolina, on _____ (date).