

**VICTORY HEALTH PARTNERS CHANGE MAKER CHALLENGE
RELEASE FROM LIABILITY AND ASSUMPTION OF RISK**

I, _____ (hereinafter "Participant"), being of sound mind and under no undue influence from any third party, hereby acknowledge that I recognize and fully appreciate the possible dangers of bodily harm associated with the physical activity involved with the fitness workouts in which I am enrolled. I understand that VICTORY HEALTH PARTNERS, INC., (the "Charity") and the four participating gyms, STUDIO FITNESS, CREW FITNESS, MISSION FITNESS, AND JH CROSSFIT, (whether one or more, the "Instructor") urge all Participants under its/their instruction to obtain a physical examination from their physician prior to undertaking instruction, using any exercise equipment or attending any class. The Charity and the Instructor are not obligated and have not undertaken to furnish any insurance in connection with or during the attendance of any physical activity or other instructional program it offers. The Charity and the Instructor are not obligated and have not undertaken to safeguard any personal property owned, utilized or brought by Participant in connection with or during the attendance of any physical activity or other instructional program offered.

I expressly agree that all exercises, drills, instruction and use of all facilities shall be undertaken by me at my own risk and that all personal property owned, utilized or brought by me shall be utilized and/or brought at my own risk. I expressly agree that the Charity and the Instructor shall not be liable for any claims, demands, injuries, damages, actions or causes of action, whatsoever (hereinafter, "Damages") to me or to any personal property owned, utilized or brought by me arising out of or connected with the exercises, drills and/or instruction undertaken by me and/or from the use of any of the facilities of the Instructor or the premises where the same are located. I hereby expressly forever release and discharge the Charity and the Instructor, on my own behalf, from all Damages, regardless of whether such Damages result in whole or in part from the actions or inactions of the Charity or Instructor, their servants, agents, or employees.

COMPLETE LIST OF PHYSICAL DISORDERS OR LIMITATIONS (IF NONE, STATE "NONE"):

In signing this Release from Liability and Assumption of Risk, I represent that I have read this document, understand it, and sign it voluntarily. I acknowledge that this Release from Liability and Assumption of Risk shall be effective and binding upon me. I agree that this Release From Liability and Assumption of Risk is made and performed in Mobile County, Alabama and is to be governed by Alabama law.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

WITNESS: _____

(Participant)