



## Waiver of Liability, Medical Release and Authorization

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\_\_\_\_\_, the undersigned individual (“**Participant**”), in consideration of my participation (or participation of another person for whom the undersigned is the natural or legal guardian) in the activities sponsored, provided by, occurring at, or affiliated with S2M, LLC, d/b/a The FieldHouse (“**Company**”), and includes but not limited to events, classes, workshops, lessons, personal training, individual direction, gymnasium, team use and all other uses of Company’s facilities, fixtures and equipment, whether or not taking place at or upon Company’s premises (“**Activities**”), hereby acknowledge and agree to the following terms of this Waiver of Liability, Medical Release and Authorization (“**Waiver**”).

Participant acknowledges that participation in the Activities may be physically demanding and could subject the Participant to physical stress, exertion, and potentially hazardous situations. **Participant understands and agrees that the Activities involve an inherent risk of personal injury.** Participant agrees that Participant, on behalf of Participant and Participant’s heirs, executors, administrators, or other personal representatives who may have standing to assert a claim on behalf of Participant, hereby expressly, voluntarily and without condition waives, releases, and forever discharges Company and Company’s owners, managers, officers, instructors, employees, representatives and agents (“**Releasees**”), from any and all liability for personal injury, death, damage to property or loss of any kind resulting from or arising out of Participant’s participation in the Activities, regardless of the cause of such injury, loss or damage; provided, that such cause is not the result of or does not arise from the intentional misconduct of Company or Releasees. Further, Participant assumes full and complete liability and responsibility and shall reimburse Company for any damage or injury to others or to Company’s facilities caused by Participant.

Participant represents that Participant is in satisfactory physical condition to participate in the Activities and that Participant understands that participation in the Activities is a voluntary decision made by Participant with knowledge of the risks attendant thereto. Participant hereby further represents that Participant is at least 18 years of age (or Participant’s parent or legal guardian consents to participation of Participant in the Activities if younger than 18 years of age) at the time Participant engages in any of the Activities. In lieu of providing a medical release from a doctor authorizing the participation of Participant in the Activities, Participant hereby represents that Participant has no knowledge of any physical or mental impairments, diseases, or other medical issues which could affect Participant’s safe participation in the Activities.

Participant agrees that Company and its owners, managers, employees, instructors, representatives and agents are authorized to act for Participant according to their best judgment in any emergency requiring medical attention, including administration of first aid procedures, and Participant hereby waives and releases such persons from any and all liability for injuries, illnesses, or losses caused by or arising from said actions. Participant further authorizes medical transportation, at Participant’s sole expense, to a medical facility or hospital for treatment.

**PARTICIPANT HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THE THIS WAIVER AND VOLUNTARILY AGREES THERETO.**

\_\_\_\_\_  
Signature of Participant or Participant’s  
Parent/Legal Guardian if Participant is under 18

\_\_\_\_\_  
Date