Triple Threat Training LLC

Media Release form

Personal Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree and consent to the following:

I, the undersigned, do hereby consent and agree that Triple Threat Training, Mitchel Wiley, and it’s employees have the right to take photographs, videotape, or digital recordings of me during any of the personal training sessions and can use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting their business. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Triple Threat Training, Mitchel Wiley, and its employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I also understand that Triple Threat Training and Mitchel Wiley are not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement. DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND THE TERMS COMPLETELY. IF YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL COUNSEL.

If I am signing on behalf of a minor child, I also give full permission to Triple Threat Training, Mitchel Wiley, and its employees the right to take photographs, videotape, or digital recordings of my child during any of the personal training sessions and can use these in any and all media, now and hereafter known, and exclusively for the purpose of promoting their business. I further consent that my child’s name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Triple Threat Training, Mitchel Wiley, and its employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child’s identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I also understand that Triple Threat Training and Mitchel Wiley are not responsible for any expense or liability incurred as a result of my child’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Legal Guardian Signature

Triple Threat Training LLC

Informed Consent and Liability Waiver Release

For Participation in Exercise Program

Personal Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree and consent to the following:

I am voluntarily participating in the Triple Threat Training exercise/fitness program conducted by Mitchel Wiley. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full financial responsibility for any risks, injuries or damage known or unknown, including death, which I might incur as a result of participating in the program.

I knowingly, voluntarily and expressly waive any claim I have against Triple Threat Training or Mitchel Wiley for injury or damages that I may sustain as a result of participating in the program.

If I am signing on behalf of a minor child, I also give full permission for Triple Threat Training or Mitchel Wiley or his employees to administer first aid if deemed necessary, and in case of serious illness or injury, I give full permission to call for medical and or surgical care for the child and to transport the child to a medical facility if deemed necessary for the well-being of the child. **Initials:** \_\_\_\_\_\_\_\_\_\_\_\_

I, my heirs or representatives forever release waive, discharge and covenant not to sue Triple Threat Training or Mitchel Wiley for any injury or death causes by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_