

Waiver

Name: _____ Age: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Emergency Contact: _____ Number: _____

Social Media Names: _____

I, the undersigned being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Printed Name: _____

Signature: _____ Date: _____

I hereby authorize, Fitness by August, hereafter referred to as "Company", to publish photographs taken of me, my name and likeness, for use in the Fitness by August, online and video-based marketing materials, as well as other Company publications.

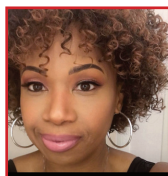
I hereby release and hold harmless, Fitness by August, from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Fitness by August, its contractors, its employees, and third parties involved in the creation or publication of marketing materials from liability for any claims by me or any third party in connection with my participation.

Printed Name: _____

Signature: _____ Date: _____



August Smith-Williams