

Wicked Wolf Training LLC Activity Waiver and Release

I, [REDACTED] (the "Participant") desire to voluntarily participate in any classes, courses, training sessions, instruction, consultation or supervision by Cynthia Wolf DBA Wicked Wolf Training (the "Activity") offered by Cynthia M Wolf DBA Wicked Wolf Training LLC at any facility or location that such activity is being held.

Assumption of Risk

I understand and acknowledge that physical exercise can be strenuous and has the potential to result in illness or serious injury, such as: injuries, illnesses or death from misuse of equipment, physical exertion, accident, intent or any other unforeseen circumstances. I recognize that it is my responsibility to consult with a physician to evaluate my health before my participation in the Activity. I represent to Wicked Wolf Training LLC that I have no preexisting condition that would put me at heightened risk for injury or prevent me from participating in the Activity.

I acknowledge that participation in the activity requires adherence to safety guidelines. I agree to follow the safety rules and instructions of Wicked Wolf Training LLC. I understand and appreciate the inherent risks associated with the Activity, and agree to assume all responsibility for any risk, known or unknown, associated with participation in the Activity.

Waiver of Liability

To the extent that statute and case law allows for waivers of liability regarding ordinary negligence, I, my spouse, heirs, administrators and representatives hereby release Wicked Wolf Training LLC, their parent companies, affiliates, employees, contractors, management, volunteers, insurance carriers, agents, successors and assigns (the "Releasees") from any and all claims arising from the negligence of Releasees associated with use of the Facility, or participation in the Activity.

Furthermore, I, my spouse, heirs, administrators and representatives, release, indemnify and hold harmless the Releasees for any personal injury to Participant, damage to personal property of Participant or others, mental anguish of Participant, their spouse, or family, wrongful death of Participant, claims brought by others arising from Participant's conduct during participation in the Activity, and other legal claims that occur in association with the use of the Facility, or participation in the Activity. The indemnification extends to any court costs, legal fees, attorney fees and administrative costs associated with the claims.

Authorization of Emergency Aid

[REDACTED] If required, I expressly authorize the provision of emergency medical assistance if I become injured during the Activity.

General Terms: In exchange for the execution of this waiver, Wicked Wolf Training LLC is allowing Participant to participate in the Activity.

This waiver supersedes any prior agreements or representations, written or otherwise, made between myself and Wicked Wolf Training LLC. If any of this waiver is deemed unenforceable, that provision shall be severed from the waiver and the remaining provisions shall remain in full force and effect. This waiver shall be governed by the laws of the state of Colorado.

BY SIGNING THIS WAIVER, I REPRESENT THAT I HAVE FULLY READ AND UNDERSTAND ITS CONTENTS. I ACKNOWLEDGE THAT BY SIGNING THIS WAIVER I AM RELINQUISHING RIGHTS I WOULD OTHERWISE POSSESS, SUCH AS THE RIGHT OF RECOVERY FOR INJURY RESULTING FROM THE INHERENT RISKS OF THE ACTIVITY OR THE ORDINARY NEGLIGENCE OF WICKED WOLF TRAINING LLC.

[Redacted]

Name/Date

[Redacted]

Signature


Cynthia M Wolf DBA Wicked Wolf Training LLC

Emergency Contact Name [Redacted]

Emergency Contact Phone Number [Redacted]