

**PARTICIPANT RELEASE OF LIABILITY  
ASSUMPTION OF RISK AGREEMENT  
\*\*\*READ BEFORE SIGNING\*\*\***

Organization Name: [Harmony Healthcare, Ltd. dba Paradigm Performance Center](#)  
870 Church Road  
Elgin IL 60123

Name: \_\_\_\_\_  
Please Print Legibly

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation at [Harmony Healthcare, Ltd. dba Paradigm Performance Center.](#)
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard, I will cease activity immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** [Harmony Healthcare, Ltd. dba Paradigm Performance Center](#), its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premise, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**Health Statement**

I will notify [Harmony Healthcare, Ltd. dba Paradigm Performance Center](#) ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation and usage.

**Media Statement**

By signing below, I hereby grant and convey to [Harmony Healthcare, Ltd. dba Paradigm Performance Center](#) all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by [Harmony Healthcare, Ltd. dba Paradigm Performance Center.](#)

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Signature                                      Age                                      Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_          \_\_\_\_\_          \_\_\_\_\_  
Parent/Guardian Signature                                      Date                                      Emergency Phone #