

Warriors Unleashed Adaptive and/or Para Ninja Athlete Competition

Recurring Event Waiver and Release of Liability

Applicable to All Warriors Unleashed Adaptive and/or Para Ninja Athlete Events

Event Locations: Various affiliated host gyms throughout the United States

Effective Date: 2025-2026

1. Acknowledgment of Risks

I, the undersigned participant (or the parent/legal guardian if the participant is under 18), understand and acknowledge that participation in the **Warriors Unleashed Adaptive and/or Para Ninja Athlete Competition** involves physical activities that may be hazardous. These activities may include, but are not limited to, running, climbing, jumping, balancing, lifting, and using obstacle equipment, which may present risks of serious injury, disability, or death.

I understand that these risks exist regardless of the host gym or location and may result from my own actions, inactions, or those of others, or from equipment or facility conditions.

I certify that I am physically fit and medically cleared to participate in such activities, and assume full responsibility for my participation.

2. Assumption of Risk

I voluntarily assume all risks associated with participating in any and all Warriors Unleashed Adaptive Athlete events, including travel to and from any location. I understand these risks are present regardless of safety precautions taken by event staff or the facility.

3. Release and Waiver of Liability

In consideration of being permitted to participate in Warriors Unleashed events, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby fully and forever release, discharge, and hold harmless:

- **Warriors Unleashed** and its owners, officers, directors, employees, volunteers, contractors, affiliates, and agents;

- **Great Lakes Ninja, LLC dba FINA**, its owners, employees, directors, and affiliates;
- **All host gyms and facilities**, including but not limited to the owners, managers, employees, volunteers, and agents at any event venue;

from any and all claims, demands, causes of action, liabilities, or losses of any kind whatsoever, including claims of negligence, personal injury, property damage, or wrongful death, that may arise from or relate to my participation in these events.

4. Medical Treatment

I consent to receive emergency medical care if deemed necessary during participation. I understand I am responsible for all associated medical costs.

5. Media Release

I grant **Warriors Unleashed, Great Lakes Ninja, LLC dba FINA**, and affiliated **host gyms** the irrevocable and unrestricted right to use my name, likeness, image, voice, and appearance in any photographs, video recordings, or other media captured during any Warriors Unleashed event. I understand these materials may be used for promotional, marketing, educational, or informational purposes in any form, including print, digital, and social media, without compensation or notice.

6. Electronic Signature

By checking the box below, I confirm that I have read this waiver, understand its contents, and agree to its terms voluntarily. I acknowledge this checkbox and typed information serve as my **electronic signature**.

☐ I agree to the terms of this waiver and release of liability and acknowledge this as my **electronic signature**.

Participant Name: _____

Participant Date of Birth: _____

Parent/Guardian Name (if under 18): _____

Relationship to Participant: _____

Email: _____ Date Signed: _____