

CAPITAL STRENGTH & CONDITIONING

919-200-0348 | 2422 Atlantic Ave, Raleigh NC 27604 | capitalstrength.com

RELEASE OF LIABILITY, INDEMNIFICATION & MEDIA AUTHORIZATION

We strongly recommend consulting your physician before beginning any exercise program.

SECTION 1 — RELEASE OF LIABILITY & INDEMNIFICATION

In consideration of my participation in the Capital Strength Inc. ("CSI") training program, I, the undersigned, on behalf of myself, my heirs, executors, and assignees, hereby waive, release, and forever discharge CSI, its owners, officers, directors, shareholders, contractors, agents, and employees ("Released Parties") from all liabilities, claims, damages, and expenses - known or unknown - arising out of or connected with my participation, including claims based on negligence, errors, or omissions. I further agree to indemnify and hold harmless the Released Parties from any such claims.

1. I understand that exercise, including equipment use, is a potentially hazardous activity involving risk of illness, injury, or death. I am voluntarily participating with full knowledge of these risks and expressly assume all such risks. **Initial:** _____

2. I declare that I am physically capable of safe participation and accept full responsibility for my involvement, whether or not I have obtained physician approval. **Initial:** _____

Medical conditions or limitations (if any):

SECTION 2 - MEDIA & LIKENESS AUTHORIZATION

I grant CSI an irrevocable, royalty-free license to photograph, record, and/or film me during training sessions and to use my name, image, voice, and likeness in any media - including social media, website content, and marketing materials - without compensation or further approval. I waive any right to inspect or approve finished content and release the Released Parties from any claims arising from such use.

☐ I AGREE to the media/likeness authorization above. ☐ I DO NOT consent to use of my likeness.

Note: *Participants who do not consent are responsible for reminding CS Inc. staff whenever media capture is occurring. While CS Inc. will make reasonable efforts to honor recorded opt-outs, it cannot guarantee awareness in all day-to-day operational situations without such reminders.*

SECTION 3 - ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm I have read and understood this entire document and agree to be bound by its terms.

Participant's Name (Print): _____

Participant's Signature: _____

Date: _____

Guardian's Signature (if minor): _____

Relationship: _____
