



In consideration of being allowed to participate in any of the Evolved Nutrition INC., Evolved Sports Science involved activities the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk never the less the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF Evolved Nutrition INC., Evolved Sports Science and it's employees / sub-contractors or others, and assume full responsibility form participation, and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my participation, I will remove my-self from participation and bring such hazards to the attention of the nearest official immediately and,
4. I willingly give Evolved Nutrition INC., Evolved Sports Science rights to use my pictures, video and or name in conjunction with my participation in training and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HERBY RELEASE AND HOLD HARMLESS Evolved Nutrition INC., it's owners, coaches, trainers, and/or employees, and owners and lesser of the premises, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF Evolved Nutrition INC., it's owners, coaches, trainers, and/or employees OR OTHERWISE. I HAVE READ IN THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND IT'S TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTABTAIL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.
6. Evolved Nutrition INC. , Evolved Sports Science has the right to take photographs , and videos of me and to use these in any/all media now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Name (PRINT) : _____

Sign (Participants signature) : _____

Witness Name (PRINT): _____

Witness Signature: _____

Date: _____

FOR PARTICIPANTS OF MINORITY AGE (under 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to Indemnify Evolved Nutrition INC., Evolved Sports Science it's owners, coaches, trainers, employees / sub-contractors from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Name (PRINT) : _____ (Parent / Guardian)

Sign (Parents signature): _____ (Parent / Guardian)

Witness Name (PRINT): _____

Witness Signature: _____

Date: _____