

2023 NATIONAL LEADERSHIP CONFERENCE ROCK THE RED WAIVER



I understand that participation in the Rock the Red presents certain risks and hazards, including, but not limited to: muscle strains and sprains, bruises, broken limbs, dehydrations, other serious medical problems, or even death and other ordinary risks associated with strenuous physical activity. I acknowledge I do not have a past or present medical condition that may be affected by participating in this Yoga and Zumba Event and that I have obtained clearance from a physician before participating in this Event. I understand my participation is at my sole risk, and I voluntarily assume full and complete responsibility for any injury or accident, which may occur to me or my property during or in connection with this Event.

In consideration of value received of the right to participate in Yoga & Zumba during Rock the Red, I, [name of participant] _____, for myself, my heirs and assigns, do hereby waive, release, and forever discharge FCCLA, Inc., metroConnections, Inc., Zen Out Yoga, and each of their parent companies, subsidiaries, and affiliates, and all of their respective officers, directors, shareholders, agents, employees, successors and assigns, and volunteers assisting with this event (herein after the “Release of Parties”) from all manners of action, causes of action, suits, debts, damages, claims, and liability of any type or kind whatsoever, including attorney’s fees, arising from or in connection with the above-described activity.

Furthermore, I agree to hold harmless and indemnify the Released Parties from and against all liability, claims, suits, demands, damages, judgments, costs, and expenses (including reasonable attorney’s fees) to which any of the Released Parties may be subject by reason of any claim for any injury to or death of any person or persons, or for damage to property or otherwise arising from or in connection with the above-described activity.

UNDERSTANDING OF RISK

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. I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

_____ Participant PRINTED NAME	_____ Participant SIGNATURE	_____ Date Signed
--------------------------------------	-----------------------------------	----------------------

FOR PARTICIPANTS UNDER THE AGE OF 18:

_____ Parent/Guardian/Adviser (Circle one) PRINTED NAME	_____ SIGNATURE	_____ Date Signed
---	--------------------	----------------------

Print Full Residential Address/City/State

Email completed form to meetings@fcclainc.org by June 9, 2023