**The Combine, LLC**

**14908 County Road 79**

**Elk River, MN 55330**

**(763) 312-6102**

**PARTICIPATION AGREEMENT**

**(Assumption of Risk, Waiver and Indemnity Agreement)**

I acknowledge that I know, understand and appreciate the inherent risks of participating in aerobic and athletic activities. I know that these risks range from minor injuries such as muscle strains and sprains to significant problems such as knee injuries or broken bones to the rare catastrophic events such as heart attacks, paralysis and death. I hereby assert that I am voluntarily participating in the activities and that I fully assume the inherent risks of such participation.

I certify that (1) I possess a sufficient degree of physical fitness to participate in aerobics and physical activity, (2) I understand that I am to discontinue activity at any time I feel undue discomfort or stress, and (3) I will indicate below any health-related concerns that might affect my ability to participate in the activities and I will verbally inform the instructor immediately. I understand that in the event of a medical emergency, management will call EMS to render assistance and that I will be financially responsible for any expenses involved.

In consideration of being permitted to participate in the activities, I hereby release (on behalf of myself, my family, my heirs and my assigns) The Combine LLC, GabAnder LLC, their respective employees, agents, successors and assigns from liability for any and all claims involving injury, death or property loss suffered by me including those which result from ordinary negligence of The Combine LLC, GabAnder LLC and their respective employees, agents or sponsors. This includes incidents that occur while participating in the activities, while using the facilities, or while engaging in any activities incidental thereto, wherever, whenever, or however the same may occur.

I further agree to hold harmless, defend and indemnify The Combine LLC, and GabAnder LLC from any and all claims (including ordinary negligence of The Combine LLC, and GabAnder LLC or their employees or agents) arising directly or indirectly from my participation in the activities. I further agree to pay all costs and attorneys’ fees incurred by The Combine LLC, and GabAnder LLC in investing and defending a claim brought by me or on my behalf by my heirs, personal representatives or assigns, or by a third party.

Medical conditions:

**IMPORTANT: READ CAREFULLY BEFORE SIGNING. Must be legible.**

**Signature: \_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_**

 **For Minors:**

**Phone: Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Email: Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**