

Blaze Participation Waiver

In consideration of receiving fitness and sports training, as well as for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, of which include Participant and Guardian (if a minor), by acknowledging this waiver, affirm having read and agree to the terms and conditions that follow. I understand that I and/or my dependent/participant are choosing to enter this place of business and am undertaking a course of fitness and/or sports training that will involve risks, that include, but not limited to, intense physical activity and exertion, and contracting COVID-19, and other infectious diseases. By signing this Agreement, I certify that I am in good health, and am not experiencing any symptoms related to COVID-19, or any other infectious disease. I certify that I am checking the following symptoms every time before I attend any Blaze Sports & Fitness and/or Wisconsin Blaze, or Wisconsin Blaze Pro event that includes, but is not limited to, classes, trainings, or practices if I have any of the following symptoms: Fever of 99.5 in the last 72 hours, persistent cough, difficulty breathing, chills, muscle pain, sore throat, and/or loss of taste or smell. I certify that I have been advised to consult a physician to ensure that my participation in the training program can be done safely. I certify that I (or Participant) have/has full medical insurance with the company listed in my registration.

I agree to indemnify, hold harmless and release Enspire365, LLC, and its affiliate businesses, that include but is not limited to, Blazing Hearts, the Wisconsin Blaze and Wisconsin Blaze Pro, Wisconsin Basketball League, along with its Trainers, Employees, Assistants, Members and Volunteers (together the "Indemnified Parties"), from any and all fault, liabilities, claims, demands, damages, lawsuits cost, or expenses, including, but not limited to, all attorney's fees, arising out of, related to or connected with: my presence at and/or participation in any training program. I furthermore waive for myself and for my executors, personal representatives, administrators, assignees, heirs and next of kin, any and all rights and claims for damages, losses, demands and any other actions or claims whatsoever, which I may have or which may arise against the Indemnified Parties (including, but not limited to, my death and/or any and all injuries, damages or illnesses suffered by me or my property), which may, in any way whatsoever, arise out of, be related to or be connected with: any training course; the Premises, including any latent defect in the Premises; my presence on or use of said Premises; and my property (whether or not entrusted to Trainer). The Indemnified Parties shall not be liable for any damages whatsoever. I, on behalf of me and on behalf of my executors, personal representatives, administrators, assignees, heirs and next of kin, hereby expressly release the Indemnified Parties from any and all such claims and liabilities.

I hereby expressly assume the risk of taking part in any course of training. I hereby acknowledge, and agree that I have read this instrument and understand its terms and am executing this instrument voluntarily. I furthermore acknowledge and agree that I have read, understand and will at all times abide by all rules and procedures stated by one or more of the Indemnified Parties. I expressly agree that this instrument is intended to be as broad and inclusive as permitted by law and that if any provision of this instrument is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby. No remedy conferred by any of the specific provisions of this instrument is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy now or hereafter existing at law or in equity, or by statute or otherwise. I certify that I approve of and will follow the complete liability waiver, terms, and conditions as stated in Enspire365's system in whole. I agree that signing this waiver is in addition to all other waiver, terms, and conditions and does not exclude me from abiding by all the terms in the comprehensive waiver. This instrument binds me and my executors, personal representatives, administrators, assignees, heirs and next of kin.

Signature

Date and Year

Printed Name

Phone Number

Physical Address

Email

Athlete's Full Name

Athlete's Full Name

Athlete's Full Name

Athlete's Full Name