

**Photo Release**

I grant to ActiveEDGE PT & Wellness Center its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize ActiveEDGE PT & Wellness Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that ActiveEDGE PT & Wellness Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ActiveEDGE Wellness Center  
Cancellation Policy**

In the event of a Gym Membership Cancellation, gym members must email [info@activeedgewellness.com](mailto:info@activeedgewellness.com) to request the membership to be terminated. A staff member will reply to the email with confirmation of cancellation as well as the last date the membership will be active. Membership dues are paid one month in advance. At the time of a gym member cancellation, the member may choose to keep membership active for the remainder of their paid month or forfeit the remainder of their membership. Members who commit to an annual membership and choose to cancel before the year is completed will be charged two months of membership dues.

\_\_\_\_\_  
Signature

*PARENT'S SIGNATURE  
IF UNDER 18 YEARS OF AGE*

I/We hereby understand and acknowledge that the gym access and equipment as well as training, programs and events held by the ActiveEDGE Wellness Center may expose me to inherent risks, including accidents, injury, illness or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. I/We understand that I am using the gym at my own risk during after-hours access to the gym and that the Wellness Center will not be staffed during these hours.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and ActiveEDGE Wellness Center furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE ACTIVEEDGE WELLNESS CENTER, its officers, agents, employees, organizers, representatives and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in ActiveEDGE Wellness Center training, programs and/or events.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

\_\_\_\_\_  
PARTICIPANT'S NAME  
*(Please Print)*

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE