



3. Personal injuries and/or medical disorders resulting from exercising and/or training in said training facility including, but not limited to, heart attacks, strokes, heat stress, sprains, broken bones, torn muscles, torn ligaments, etc.:

4. Accidental personal injuries within said training facility;

5. Aggravation of preexisting medical conditions, medical disorders and/or physical injuries. I specifically agree to hold Next Level Performance, Inc., its agents and employees, harmless from any and all legal actions that might arise out of such injury(ies).

I also acknowledge the existence and the necessity for rules and regulations governing my participation in Next Level Performance, Inc.'s programs, including but no limited to those governing the use of equipment, facilities, and participation in programs and services. I hereby agree to comply with all applicable rules and regulations promulgated by Next Level Performance, Inc.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS. I ALSO ACKNOWLEDGE THAT BEFORE I SIGNED THIS AGREEMENT, INCLUDING THE WAIVER AND RELEASE, I HAD THE REASONABLE OPPORTUNITY TO EXAMINE IT.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(If Applicant Under The Age Of 18)

## **Model Release**

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, hereby irrevocably consent to and authorize Next Level Performance, Inc. a Illinois corporation ("Next Level Performance, Inc. (NLP)), and/or anyone authorized by Next Level Performance, the use and/or reproduction of (i) any and all photographs containing my person, image or likeness: (ii) any and all audio recording containing my person, name or voice: and/or (iii) any and all video recording containing my person, image, likeness, name or voice: for any lawful purpose whatsoever.

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(If applicant under the age of 18)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_

Acknowledged:

\_\_\_\_\_

Next Level Performance, Inc. Representative