

# TALENT RELEASE FORM

I acknowledge that you are the sole owner of all rights in and to the recordings you have obtained in the activity described above for all purposes including but not restricted to commercials and/or editorial, and that you have the right to broadcast, publish or otherwise distribute this material, or any portion thereof, one or more times.

I understand that we will receive no compensation for my appearance on and participation in the recordings made during this activity. I represent that I have reached the age of legal majority according to the State of Ohio.

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

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

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

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# WAIVER OF LIABILITY NOTICE

**HEALTH:** Contestant warrants that he/she is in good health and that he/she had no condition which could be aggravated or worsened by usage of facilities. Further, contestant warrants that should he/she develop a health condition which could be aggravated by usage of facilities, that he/she will immediately notify us in writing of such conditions.

**ACCIDENTS:** All exercise and use of facilities shall be undertaken by contestant at contestant's sole risk. The contestant represents that the contestant carries their own accident and health insurance policy to cover any personal injuries to them personally or which they may cause to others. The contestant agrees to cover their own insurance claims and not to the fitness center or WTOL.

By signing this, I have read and understand the rules and regulations of the Super Fitness Weight Loss Challenge attached.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Super Fitness Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_