

**ACCIDENT WAIVER AND RELEASE OF LIABILITY
FOR
MS. FITNESS® USA AND/OR MS. FITNESS® WORLD**

I, acknowledge that Ms. Fitness is an athletic event that is an extreme test of a person's physical and mental limits and therefore carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, television crews, facility staff, event officials, event staff, and/or event producers. These risks are not only inherent to participants, but are also present for volunteers, participant support staff, and others. I hereby assume all risks of participating in this event.

I certify that I will not be attempting any moves I have not mastered and can complete safely and without injury to myself or others. Further I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at the event(s).

In permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereinafter accrue to me; and (B) Indemnify and hold harmless Wally Boyko Productions, Inc., its designee which may film the event, City of Las Vegas, Event Venue(s), Ms. Fitness, National Fitness Sanctioning Body, International Fitness Sanctioning Body, their officers, agents, employees, sponsors, co-sponsors, officials, sub-contractors, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of my actions during the event.

I hereby consent to receive medical treatment which may be advisable in the event of injury, accident and/or illness during the event.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Venue for any action will be Jackson County, Oregon.

DATED: _____

SIGNATURE

NAME (please print)

ADDRESS

TELEPHONE NUMBER