

SOT-G Liability Release Waiver & Indemnification Agreement

I _____ (Full Name), agree to participate in the Challenge event. I recognize that the exercise is not without varying degrees of risk to my musculoskeletal and cardio respiratory system. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in the Challenge event.. I understand and I have been informed that there exists the possibility of adverse changes during and after the leadership seminar. I further understand and I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instance of heart attack or even death.

I hereby agree to waive all rights as do my heirs, personal representatives, assigns, and all members of my family, including minor I remise and discharge SOT-G, LLC and its agents, officers, principals, and employees, contractors of any and all claims, demands, actions of demands or damages of any kind resulting from participation in the Challenge event. The Undersigned hereby releases SOT-G, LLC and waives any claims and I understand and assume any and all risk participation in the Challenge event.. _____ (initials)

I understand that if I perform all the exercises correctly there is a chance that I still could die _____ (initials).

Participant Signature

_____/_____/_____
MM DD YR

Witness Signature

_____/_____/_____
MM DD YR