

340 Wheatley Road, Old Westbury, NY, 11568  
Telephone 516-626-1094  
[www.sjjcc.org/ninjawarrior](http://www.sjjcc.org/ninjawarrior)

## JACOBSON NINJA WARRIOR PROGRAM WITH UPF PROGRAM WAIVER FORM

### RELEASE OF LIABILITY

In consideration with being allowed to participate in any way in the Jacobson Ninja Warrior Program with Ultimate Performance + Fitness, its related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

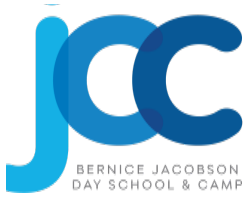
While best efforts will be used to keep participants safe from the COVID-19 virus, I understand that there can be no promise or guarantee that this or any other pathogen will not enter the premises, and that by the very nature of the personal interaction that takes place in the ninja warrior program environment, there is always a risk of my becoming ill with this or any other communicable disease. I am fully aware of this risk in making the decision to register for and attend this program, and I am willing to assume and accept it; and,

I KNOWINGLY AND FREELY ASSUME ALL OF THE ABOVE SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the staff of the Jacobson Ninja Warrior Program immediately; and,

I, for myself and behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, Sid Jacobson Jewish Community Center and Ultimate Performance + Fitness, their respective officers, officials, agents and/or employees, board members, other participants, sponsoring agencies, sponsors, advertisers, and if, applicable, owners and lessors of the premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY AND DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in the Jacobson Ninja Warrior Program with Ultimate Performance + Fitness.



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Sid Jacobson Jewish Community Center and Ultimate Performance + Fitness has the right to publish photos or videos from classes, parties or events. In addition, Sid Jacobson Jewish Community Center and Ultimate Performance + Fitness is not responsible for lost or stolen property.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THE TERMS, UNDERTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By signing below, I have read and agree to the legal agreement above.

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

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do content and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

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

**Participant Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name/s of Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a member of Sid Jacobson JCC? Yes \_\_\_\_\_ No \_\_\_\_\_