

**UNITED STATES BODYBUILDING FEDERATION Inc.**  
**AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY**

I acknowledge that athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by the terrain, the facilities, temperature, weather, condition of athletes, spectator, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize liability may arise from negligence, carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that 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 in the event holders, sponsors, organizers, in which I may participate and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take actions 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 thefts or actions of any kind which might hereafter accrue to me including my travelling to and from this event, the following entities or persons:

Their directors, officers, employees, representatives, and agents, the event holders, event sponsors, event volunteers; (B) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liability or claims made as result of participation in this event, whether caused by the negligence of releases or otherwise.

I also understand that there are no refunds for any reason, except contest cancellation.

I also understand in accept the results of any drug testing performed by the USBF or its representatives.

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

I understand that at this event or related activities, I may be photographed. I hereby agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand it's contents.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
(If under 18 years old, Parent or guardian must also sign)

\_\_\_\_\_  
Date

**Parent Guardian Waiver for Minors**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, claim or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date