

GENERAL RELEASE FORM

This General Release is entered into as of the date herein below, by _____ (“_____”) and in favor of RECTITUDE TRAINING LLC, an Illinois Limited Liability Company with an address of: 4711 Golf Rd., Suite 1125, Skokie, Illinois 60076. This General Release is entered into by _____ knowingly and voluntarily, and the General Release applies to any and all physical activity and training activity including but not limited to: physical training, Brazilian Jiu Jitsu, training tactics, theories, exercise or any other physical activity and/or training activity, (hereinafter referred to as “Activities”) conducted or provided by RECTITUDE TRAINING LLC, its owners, assigns, contractors or any other Third-Party acting on behalf of Rectitude Training LLC.

By signing this General Release, _____ affirms that they have no known or unknown medical issues that could be impacted or impaired by partaking in said Activities. _____ affirms that they have the sole responsibility to recognize when they should no longer partake in the Activities, at any time prior to the Activities, during the Activities, or after the Activities. _____ **assumes ALL RISK associated with the Activities as contemplated herein, for any reason, whether disclosed or not, whether known or not. By signing this General Release, _____ waives any and all claims it may have against RECTITUDE TRAINING LLC, any applicable insurance policy, or any other Third-Party, as it relates to the Activities provided by RECTITUDE TRAINING LLC, including any injuries that may occur from the Activities.**

If _____ has any concerns about their own ability to partake in the Activities or about their own medical conditions or physical conditions, _____ should consult with a medical practitioner regarding possible health risks which may or may not be impacted by the Activities.

_____ **AFFIRMS THAT BY SIGNING THIS GENERAL RELEASE, _____, ITS HEIRS, ASSIGNS, AGENTS AND THE LIKE, WAIVE ANY AND ALL CLAIMS AGAINST RECTITUDE TRAINING LLC, ANY APPLICABLE INSURANCE POLICY, ANY OTHER THIRD-PARTY, OR THEIR RESPECTIVE HEIRS, DESCENDANTS, AGENTS, ASSIGNEES, OR ANY OTHER INDIVIDUAL OR ENTITY ACTING ON BEHALF OF RECTITUDE TRAINING LLC, FOR ANY KNOWN OR UNKNOWN INJURIES, REINJURIES, EXACERBATIONS OF EXISTING MENTAL OR PHYSICAL INJURIES OR AILMENTS, RELATIVE TO THE ACTIVITIES, WHETHER INCURRED FROM KNOWN OR UNKNOWN ORIGINS, FROM HERE UNTIL THE END OF TIME.**

Dated: _____

Signature: _____

Full Name: _____

Mailing Address: _____
