

Computer Liability Waiver and Release Form

Date: _____

Computer Liability waiver and ketease Form
Participant Information
Name:
Address:
City/State/Zip:
Phone Number:
Email:
Emergency Contact Information
Name: Phone Number:
Relationship:
Liability Waiver and Release
I,, wish to participate in a computer class offered by instructor Renan Espinal, and Way Finder Fitness LLC/
Way Finder Tribe.
I acknowledge that my participation in this activity is voluntary and I understand and agree to the following:
1. Assumption of Ris:
- I understand that participating in computer-related activities involves certain inherent risks, including but not limited to, eyestrain,
repetitive strain injuries, electrical hazards, data loss, and other injuries or damages.
- I voluntarily assume all risks associated with my participation in these activities.
2. Health and Safety:
- I certify that I am physically and mentally fit and have no medical condition that would prevent my full participation in these activities.
- I agree to inform the instructor of any physical or mental limitations, disabilities, or conditions that may affect my ability to participate
in the class.
3. Release of Liability:
- I release, waive, discharge, and hold harmless Renan Espinal, Way Finder Fitness LLC/ Way Finder Tribe, its officers, agents,
employees, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any
loss, damage, or injury, including death, that may be sustained by me while participating in these activities, whether caused by the negligence
of the releasees or otherwise, including but not limited to injuries resulting from the use of computers, software, electronic devices, or other
equipment.
4. Indemnification:
- I agree to indemnify and hold harmless Renan Espinal, Way Finder Fitness LLC/ Way Finder Tribe, its officers, agents, employees,
and volunteers from any loss, liability, damage, or costs, including court costs and attorney fees, that they may incur due to my participation
in these activities.
5. Property Damage:
- I acknowledge that I am responsible for any damage to equipment, facilities, or personal property that occurs as a result of my actions or
negligence during participation in these activities. 6. Data and Privacy:
- I understand that I am responsible for the security of my own data and personal information. I release the Releasees from any liability related to
data loss or breaches of privacy that may occur during the class.
7. Compliance with Instructions:
- I agree to comply with all safety instructions and guidelines provided by the instructor. Failure to follow these instructions may result in my
removal from the class without refund.
8. Photography/Video Release:
- I grant permission for the use of my image and likeness in any photographs or videos for promotional or educational purposes without
compensation.
9. Governing Law:
- This agreement shall be governed by and construed in accordance with the laws of the state of New York.
10. Severability:
- If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions will continue to be valid and enforceable.
11. Acknowledgment of Understanding:
- I acknowledge that I have read this waiver and release of liability, fully understand its terms, and understand that I am giving up substantial
rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a
complete and unconditional release of all liability to the greatest extent allowed by law.
Destining at the Circumstance (United Science Associated Science Assoc
Participant's Signature (Hand signature required):
Date:
Parent/Guardian Signature (Required regardless of age) (Hand signature required) (If applicable):