

**Media Liability Release Form for
Headquarters Fitness and Martial Arts (Holistic Headquarters LLC)**

I, _____, hereby grant Headquarters Fitness and Martial Arts (Holistic Headquarters LLC) and its representatives the irrevocable right and permission to photograph, record, film, or otherwise capture my likeness, voice, and performance during my participation in martial arts training and related activities at Headquarters Fitness and Martial Arts (Holistic Headquarters LLC).

I understand and agree that the photographs, recordings, films, or other media captured may be used for promotional, marketing, advertising, educational, or any other lawful purpose without compensation to me. These uses may include, but are not limited to, publication on websites, social media platforms, print materials, advertisements, and promotional videos.

I waive any right to inspect or approve the finished product or any material in which my likeness, voice, or performance appears, and I release Headquarters Fitness and Martial Arts (Holistic Headquarters LLC) and its representatives from any and all liability arising out of or in connection with the use of such media.

I hereby release, discharge, and hold harmless Headquarters Fitness and Martial Arts (Holistic Headquarters LLC), its owners, instructors, employees, and affiliates from any and all claims, demands, causes of action, damages, liabilities, costs, and expenses, including attorney fees, which may arise out of or in connection with the use of the media captured.

If I wish to opt-out of this permission, I will inform Headquarters Fitness and Martial Arts (Holistic Headquarters LLC) management in writing.

I represent that I am of legal age and have full legal capacity to grant this release and that I have read and fully understand its contents.

Participant's Signature: _____ (Date)

Printed Name: _____

If Participant is a Minor:

I, _____, as the legal guardian of the above-named participant, hereby consent to and authorize the execution of this Media Liability Release Form on behalf of the participant. I understand and agree to all terms and conditions outlined herein.

Legal Guardian's Signature: _____ (Date)

Printed Name: _____