

## Release of Liability

1. In consideration of being allowed to participate in any activities and programs of \_\_\_\_\_, I do hereby waive, release, and forever discharge \_\_\_\_\_ and its officers, agents, employees, representatives, and all others from any and all responsibilities of liability from injuries or damages resulting from my participation in any activities or my use of equipment with the \_\_\_\_\_ program. I do also hereby release and agree to indemnify, defend and hold harmless all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of my participation in any activities at \_\_\_\_\_. (Please initial \_\_\_\_\_)

2. I understand and am aware that physical activities including strength, flexibility, and aerobic exercise, and instructional classes, including the use of equipment, are potentially hazardous activities. I also understand that fitness/ sports activities involve a risk of injury, heart attack, and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death, and I forever release, agree to indemnify, defend and hold harmless \_\_\_\_\_ and its officers, agents, employees, representatives, and all others from any responsibility. (Please initial \_\_\_\_\_)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, or other illness that would prevent my participation or use of exercise equipment except as hereinafter stated. I acknowledge that I have been informed it is recommended I get my physician's approval for my participation in activities and exercise programs or the use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise equipment so that I might have his/ her recommendations concerning fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities. (Please initial \_\_\_\_\_)

I have read and voluntarily sign this release and waiver of liability, indemnity, defense and hold harmless agreement, on behalf of myself and any representatives, heirs and next of kin.

***Thank you for completing all information legibly:***

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date