



RELEASE AND INDEMNIFICATION FORM

In consideration of participating in the program(s) at FitnessRx, I, the undersigned intending to be legally bound for myself, my heirs, executors, administrators and assignees, do hereby waive, release and forever discharge FitnessRx, their agents, representatives, successors and assignees (hereinafter collectively referred to as "Releasees") from all liabilities, actions, claims, demand, damages, costs and expenses, which I may now or in the future have against them or any of them arising out of or in any way connected with my participation in the program(s) including but not limited to all injuries that may be suffered by me. I understand that this waiver includes, but is not limited to any claims that are based on negligence or other action or inaction of the above named parties. In consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Releasees against all liabilities, claims, damages and expenses of every kind and nature which grow out of or are in any way connected with the conduct or organization of this program.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death.

Please initial

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment and machinery except as hereinafter disclosed on Personal Health History form.

Please initial

FitnessRx recommends that all participants consult their physician prior to participating in any of the programs offered as well as a yearly or more frequent physical examination and consultation with my physician as to my physical activity. I do hereby acknowledge that I have been informed of the need for physician's approval for my participation in an exercise/fitness program or the use of exercise equipment or machinery. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities.

Please initial

**Participant
Signature**

Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (must be completed for participants under the age of 18)

In consideration of

(minor's name) being permitted

to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

**Parent/Guardian
Signature**

Date