



# WAIVER OF LIABILITY

Date: \_\_\_\_\_ Instructor Name(s): \_\_\_\_\_

I acknowledge that there is a risk associated with participating in fitness activities and in exercising (collectively referred to herein as “the activities”). My participation in the activities offered by the instructor(s) listed above, is completely voluntary, and I acknowledge that I am assuming all risks of injury to me or others including any illness or medical condition. I agree to a) release, indemnify and discharge instructor(s) listed above from any and all claims or causes of action (known or unknown) which I may have arising out of my participation in the activities, including those arising out of the negligence of instructor(s) listed above; and b) to indemnify and save the instructor(s) listed above harmless from any and all claims or causes of action (known or unknown) brought against the instructor(s) listed above by any party arising out of my actions.

By signing below, I am agreeing to the terms and conditions of this Waiver on my own behalf. I acknowledge and agree that my heirs, executors, administrators and assigns will also be bound by this Waiver.

	PARTICIPANT NAME (please print)	SIGNATURE
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INSTRUCTOR(S) MUST KEEP A COPY OF THIS FORM AND SIGNATURES FOR 7 YEARS