



FEMIFITNESS AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. I recognize that fitness programs require physical exertion, which may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I hereby understand and acknowledge that the training, programs and events held by FemiFitness may expose me to many inherent risks, including accidents, injury, illness, or even death.
2. I understand that it is my responsibility to consult with a Physician prior to and regarding my participation in FemiFitness Classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the classes.
3. In consideration of being permitted to participate in FemiFitness Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation regardless of whether any such risks are communicated to me by FemiFitness.
4. In further consideration of being permitted to participate in FemiFitness Classes, I knowingly, voluntarily and expressly waive, on behalf of myself, my heirs and/or legal representatives, all claims I may have against FemiFitness for all injury or damages of any nature whatsoever that I may sustain as a result of my participation in FemiFitness Classes. Accordingly, I hereby fully and forever release, waive, discharge and covenant not to sue FemiFitness its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in FemiFitness classes, programs and/or events.
5. I have read the above release and waiver of liability and fully understand its contents. I knowingly and voluntarily agree to the terms and conditions stated above.

Signature of Participant

Date

Phone Number

Email

In Case of Emergency, Contact: _____ Phone #: _____

(Parent's signature if under 18 years of age) *I represent that I have legal capacity to act on behalf of the minor named herein.*

Parent/Guardian Signature: _____ Date: _____