



Express Assumption of Risk - Waiver of Liability and Release Agreement

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in the fitness assessments, activities and programs and in the use of exercise equipment at various sites, including home, club or worksite that may be provided or recommended by FITNESS 180. I realize that my participation in these activities or in the use of equipment involves various risks of injury and even the possibility of death. I also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to my participation in these activities or in the use of equipment, and that such risks, including remote ones, have been reviewed with me. I, knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility as a result of my participation in fitness assessments, activities or programs or in the use of equipment in supervised settings, hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even the risk of death which could occur by reason of my participation in any of the assessments, activities or programs or in the use of equipment in any or all settings.

IF YOU AGREE, PLEASE INITIAL _____.

I have had an opportunity to ask questions regarding my participation in various activities and in the use of exercise equipment. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in various activities or in the use of equipment, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury and death which may arise due to my participation

IF YOU AGREE, PLEASE INITIAL _____.

I further acknowledge that my participation in the activities and use of equipment is completely voluntary and that it is my choice to participate and/or use equipment, or not to participate, as I see fit.

IF YOU AGREE, PLEASE INITIAL _____.

In consideration of being allowed to participate in the activities and programs provided through FITNESS 180 and/or in the use of its facilities and equipment, I do hereby waive, release and forever discharge FITNESS 180, and all of its directors, officers, agents, employees, representatives, successors and assigns, and all others from any and all responsibility or liability for injuries or damages resulting from my participation and any activities with FITNESS 180. I do also hereby release 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 or connected with my participation in any of the contemplated activities or in the use of equipment through FITNESS 180 or otherwise.

IF YOU AGREE, PLEASE INITIAL _____.

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 that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved.

IF YOU AGREE, PLEASE INITIAL _____.

I do further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs provided through FITNESS 180. I acknowledge that I have either had a physical examination and have been given my physicians' permission to participate, or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities or in the utilization of equipment without that approval.

IF YOU AGREE, PLEASE INITIAL _____.

Witness

Participant

Dated

Please mail to 839 Valley Drive, Canton GA 30114 with check OR bring to 1st session if paypal payment was made.