



Professional Grade Training

RELEASE ASSUMPTION OF RISK AGREEMENT

Name: _____ Date: ____/____/____
Address: _____ City: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Email Address: _____ D.O.B: ____/____/____

In consideration of gaining access to participate in activities associated with Flex Fitness & Health LLC, facility, equipment, and machinery, I do hereby waive, release and forever discharge Flex Fitness & Health LLC and it's officers, agents, employees, representatives, executors, and all others from any and all responsibility for injuries or damages resulting from my participation in any activities in said program. _____ (Please initial)

I understand the policies and procedures set forth by the Flex Fitness & Health LLC and have had the opportunity to discuss my specific needs in relation to participatory activity and, as a result, I do voluntary request the right to participate in this preventive program of exercise. _____ (Please initial)

Also, in consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities assumes such risks and agrees to accept the responsibilities for any injuries sustained by the participant in the course of the use of the facilities and / or its equipment. Most specifically, the participants acknowledges and accepts responsibility for injuries arising out of those activities which involve risk in any of the following areas:

- ❖ The use of the facility equipment
- ❖ The performance of fitness related evaluations to assess functional capacity
- ❖ The participation in group activities related to exercise and activity
- ❖ Incidents which occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with Flex Fitness & Health LLC

In addition, it is seriously recommended that participants consult with a physician before engaging in any activities associated with Flex Fitness & Health LLC.

Having read the preceding, the participant acknowledges full understanding of those risks set forth herein and knowingly agrees to accept full responsibilities for the participant's own exposures to such risk and to waive full responsibility and liability on behalf of Flex Fitness & Health LLC.

Participant's Name (please print clearly)

Participant's Signature

_____/_____/_____
Date