NEPTUNE FITNESS WAIVER AND RELEASE OF LIABILITY:

I acknowledge that I have voluntarily chosen to participate in a group fitness class or fitness-related activity provided by Neptune Fitness LLC. I understand that participation in physical exercise involves inherent and foreseeable risks, including but not limited to falls, collisions, equipment failure, overexertion, muscle strains, sprains, fractures, illness, heart attack, stroke, serious bodily injury, permanent disability, or death, and I knowingly and voluntarily assume full responsibility for all risks, injuries, losses, or damages, whether known or unknown, that may arise from or relate to my participation.

I certify that I am physically able to participate, that I have not been advised by a physician to refrain from exercise, and that it is my responsibility to consult a physician before beginning any new exercise program or if I have concerns regarding my health or ability to participate. I agree to immediately stop participating and notify the instructor if I experience pain, dizziness, shortness of breath, discomfort, or any other concerning symptoms. To the fullest extent permitted by law, I release, waive, discharge, and hold harmless Neptune Fitness LLC, its owners, trainers, employees, independent contractors, representatives, affiliates, participating apartment communities, property owners, property management companies, and facility operators from any and all claims, liabilities, demands, actions, causes of action, losses, expenses, or damages arising from or related to my participation, including claims resulting from ordinary negligence.

I agree to follow all class guidelines, instructor directions, facility rules, and safety protocols, and I understand that failure to do so may result in my removal from the class. In the event of an emergency, I authorize Neptune Fitness LLC and its representatives to contact emergency medical personnel or obtain emergency medical assistance on my behalf if I am unable to do so, and I understand that I am solely responsible for any resulting medical expenses.

By checking the required agreement box and submitting this form, I acknowledge that I have carefully read and fully understand this Waiver and Release of Liability, understand that I am giving up certain legal rights, and voluntarily agree to be bound by its terms.