

VISIONS OF FITNESS

Release of Liability Form

1. In consideration of participating in personal fitness assessments, training activities and programs of Visions of Fitness LLC and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Visions of Fitness LLC and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on the behalf, arising out of or connected with my participation in any activities, programs, or services of Visions of Fitness LLC or use of any equipment at various sites, including home, provided by and/or recommended by Visions of Fitness LLC.
(Please Initial: __)
2. In consideration of participating in personal fitness assessments, training activities and programs of Visions of Fitness LLC and to use its equipment and services, and to use Landlord (John P. Spitzig) facilities, in addition to any payment of any fee or charge to Visions of Fitness LLC, I do hereby forever waive, release and discharge Landlord, John P. Spitzig from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on the behalf, arising out of or connected with my participation in any activities, programs, or services while on the property of Landlord, John P. Spitzig, including the use of any equipment at various sites, including home, provided by and/or recommended by Visions of Fitness LLC or any other party.
(Please Initial: __)
- 3 I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I have also been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
(Please Initial: __)
3. 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 these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.
(Please Initial: __)
- 4.

5. I understand that Visions of Fitness LLC providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto.
(Please Initial ____)

Please list any physical challenges, injuries, or conditions (past or present) that could be affected by exercise:

Condition	Date of Incident	Under Dr's Care	Currently in Pain
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THIS IS A RELEASE OF LIABILITY FORM. BY SIGNING BELOW, I EXPRESSLY ACKNOWLEDGE THAT I HAVE READ THIS FORM IN ITS ENTIRETY AND THAT I UNDERSTAND ITS CONTENT AND AGREES TO SAME.

DO NOT SIGN THIS FORM IF YOU DO NOT AGREE WITH ITS CONTENT.

_____ Print Name	_____ Date	_____ Signature
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_____ (E-mail Address)	(_____)_____ Phone Number
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_____ Emergency Contact Name	_____ Relationship	(_____)_____ Phone Number
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