

NOTICE OF WAIVER AND ASSUMPTION OF RISK

Please Read Carefully

By signing this document I acknowledge that I have consulted with my doctor and he/she has approved my entry into a program of progressive physical fitness. I further acknowledge that I have voluntarily chosen to participate in Drake Fitness's program of physical exercise, which is designed to enhance the musculoskeletal and cardiorespiratory systems. I understand that the possible strenuous nature of the program and the possibility of adverse physiological reactions which, in limited circumstances, can cause, among other conditions, high blood pressure, fainting, heart attack, and death. This is why Drake Fitness expects you to check with your doctor and inform us of any health concerns and medications. I also understand that all exercise has an inherent risk but is still highly recommended by health professionals for most people.

By signing this document, I assume all risk regarding my health and well being and hold harmless of any responsibility Drake Fitness, its instructors and employees. I also waive any right or claim against Drake Fitness, its owners, instructors and employees to sue them or hold them liable for any adverse impact to my health.

I have read this carefully and understand I am giving up potential legal rights and sign it of my own free will and with full informed consent and knowledge.

Signature

David Drake

Date