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Client Information			
Name			
Address	City	State	Zip
Email			
Phone	Date of Birth		

#### **AGREEMENT AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in ReDirect Athletics and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge ReDirect Athletics and their officers, agents, contractors, employees, representatives, executor, and all others from any and all responsibilities or liability from injuries and damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also, hereby release all of those mentioned, and any other acting on their behalf, from responsibility and 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 activities of ReDirect Athletics or the use of any equipment at the place of exercise.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. 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 and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. 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 and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

For and in consideration of the design of an exercise and/or specified program by ReDirect Athletics, I agree:

1. That any exercise program shall be undertaken at my sole risk; and
2. That ReDirect Athletics shall not be liable to me, nor any other person, for any claims or cause of actions whatsoever arising out of or connected with the services to ReDirect Athletics; and
3. That I hereby release and discharge ReDirect Athletics from such claims for actions.

With my signature on this document, I affirm that I have read, understand and agree to the above Agreement of Release Liability waiver. Any questions I had were answered to my full satisfaction before starting my exercise program.

CLIENT/ GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_