

ZAG FITNESS
880 Burbank Ave. Suffield, CT. 06093
860-922.8811
Waiver and Consent Form

RELEASE OF LIABILITY FOR PARTICIPANTS

READ BEFORE SIGNING

I _____, being allowed to participate in any way in group fitness classes, personal training, clubs, and workshops; acknowledges, understand, and agree that:

The risk of injury to myself from the activities involved in these classes are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention of the nearest official immediately; and,

3) I myself, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **Zag Fitness**; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

5) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any fitness and training program. I represent and warrant that I am physically able and have no medical condition that enables my full participation in any class, program or club.

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Signature of Participant) _____

If participant is under 18:

As legal guardian of _____, I consent to the above terms and conditions.

(PRINT NAME) _____

Date Signed: _____