

# **gsFITNESS PARTICIPANT AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

**Because physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity.** You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. You agree that you are voluntarily participating in these and assume all risks of injury, illness, or death.

**I hereby agree to the following:**

**That I am participating in the fitness classes offered by gsFITNESS and/or guest instructors during which I will receive information and instruction about health and fitness.** I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to, and regarding, my participation in the fitness classes or workshops. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in the exercise classes or workshops. In consideration of being permitted to participate in the fitness classes or workshops, I agreed to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program. In consideration of being permitted to participate in the fitness classes or workshops, I knowingly, voluntarily and expressly waive any claim I may have against gsFITNESS and/or their guest instructors for injury or damage that I may sustain as a result of participating in the program. I, my heirs, or legal representatives forever release, wave, discharge, and covenant not to sue gsFITNESS and/or guest instructors or injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_