

REIDT FITNESS SYSTEMS, INC
WAIVER AND RELEASE OF LIABILITY

I hereby understand and acknowledge that the training, weight-lifting, running and programs and events held by **Reidt Fitness Systems** (hereinafter "Activity") may expose me to many inherent risks, including accidents, injury, illness, or even death. In consideration of the risk of injury while participating in such Activity, and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the activity, and do hereby release and forever discharge, **Reidt Fitness Systems**, its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I hereby agree to assume all risk of injuries associated with participation in the Activity including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in the Activity.

I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

To the extent that California statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of **Reidt Fitness Systems**, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness. I also agree to indemnify and hold harmless against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If incurs any of these types of expenses, I agree to reimburse.

By my signature I indicate that I have read and understand this Waiver and Release of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

Emergency Contact Name: _____ Relationship: _____

Telephone number: _____

Parent/Guardian signature is required if the participant is under the age of 18. By signing, I represent that I have legal capacity and authorization to act on behalf of the minor named herein.

Parent/Guardian Signature : _____ Date: _____