



**Class Waiver Form – Classes for the month of January**

***Fuerza Fit strongly recommends that you consult your doctor and obtain his or her medical approval before participating in any activity or program including any training or exercise program organized for you.***

Please read the statement below:

I \_\_\_\_\_ Acknowledge that I have been advised to seek medical approval before participating in the training or exercise program designed for me. I Also acknowledge that I have voluntarily chosen to participate in the training or exercise programs I Agree that any information, instruction or advice obtained from Fuerza Fit, its staff, agents, independent contractors or voluntary workers will be used at my own risk. I Also agree to release and discharge , to the maximum extent permitted by law, Fuerza Fit its staff, agents, independent contractors or voluntary workers from any and all responsibilities or liabilities for injury, death or damage to me or my property arising from my participation in any training or exercise programs designed by Fuerza Fit, its staff, agents, independent contractors or voluntary workers for me or for my use and from all responsibilities or liabilities for injury, death or damage to me or my property arising from my use of any of the facilities or equipment used in the participation of the training or exercise program whether or not such injury, death or damage is caused by the negligence of Fuerza Fit, its staff, agents, independent contractors or voluntary workers, or the negligence of other users of the facilities or other participants in the programs in which I would be involved. I Also agree to release and discharge if there are any children under my care, they are my responsibility and any damages or injuries occurred by the child under my care I will be liable, Fuerza Fit Trainers volunteer workers, staff and or independent contractors are not liable for my child/children, I understand Fuerza Fit does not offer child care. Also agree to accept all risks and responsibilities for all losses, damages, cost and other consequences (arising directly or indirectly) suffered or incurred by me in participating in any training and exercise program organized by or in using facilities or equipment provided by Fuerza Fit, its staff, agents, independent contractors or voluntary workers.

Full Name: \_\_\_\_\_ (If Signature cannot be provided Full name will count as signature).

X

\_\_\_\_\_  
Name:

Date: \_\_\_\_\_