

Fresh Air Fitness  
Waiver and Release of Liability

You (the participant) have enrolled in a program of strenuous physical activity including, but not limited to, aerobic exercise, weight training, and the use of various conditioning equipment. You hereby affirm that you are in good physical condition and do not suffer from any disability that would prevent or limit your participation in this exercise program.

You are voluntarily participating in these activities and assume all risk including negligence caused by you. By signing above you hereby voluntarily and forever release, discharge, waive and relinquish any and all actions, causes of action or claims of personal injury, property damage or wrongful death occurring to you, arising out of your participation in Fresh Air Fitness programs.

Fresh Air Fitness will make no medical diagnosis whether you are or are not sufficiently fit for any exercise activities. If you know or suspect that you are not in good physical condition, especially concerning any previous or present illness, or injury that may affect your participation in strenuous exercise, you should consult with your physician. I have discussed or will discuss any illnesses with injuries with my physician. I agree to be solely responsible for all expenses and damages incurred because of any injuries sustained from participating in this exercise program.

Participants are expected to attire and equip themselves properly for safe participation in the exercise program. This includes wearing proper footwear and outerwear.

Children or minors are not allowed in the exercise program. If the participant chooses to bring a child or minor to the location of the program, then he/she is responsible for that child or minor and all expenses and damages incurred because of any injury that child or minor sustained during the length of the program.

I represent that I am at least 18 years of age. I accept the Fresh Air Fitness Rules and Regulations and the above Waiver and Release of Liability.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Staff Initials: \_\_\_\_\_