

Release and Assumption of Risk Agreement



In consideration of gaining access to participate in activities associated with **InZone 134**, I do hereby waive, release, and forever discharge **InZone 134** and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in said program. _____
(Please initial.)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities to any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facility equipment
- The performance of ¹ fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with **InZone 134**

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with **InZone 134**. _____ (Please initial.)

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of **InZone 134**. _____ (Please initial.)

Participant's name (Please print clearly)

Participant's signature

Date

Parent/Guardian's signature (if needed)

Date

Witness' signature

Date