

Inursha Fitness & Personal Training

Agreement and Release of Liability

INITIALS

_____ In consideration of gaining membership or being allowed to participate in the activities and programs of Inursha Fitness & Personal Training and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I hereby waive, release and forever discharge Performance Sports and Inursha Fitness, its officers, independent contractors, employees, and representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of the equipment or machinery in the above-mentioned and facility or arising out of my participation in any activities at said facility. I also hereby release all of those mentioned and any others acting on their behalf or in any way arising out of or connected with my participation in any activities of Inursha Fitness or the use of any equipment at Inursha Fitness.

_____ I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby expressly assume and accept any and all risks of injury or death.

_____ I hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Inursha Fitness or use of equipment or machinery except as hereinafter stated. I acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment. I acknowledge that I have had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of the equipment and machinery without the approval of my physician and I assume all responsibility for my participation and activities, and my utilization of equipment and machinery in my activities.

_____ Date

_____ Signature

_____ Printed Name