



Professional Disclosure and Liability Release

All physical programs involve a risk of injury. This exercise class is led by a certified exercise professional. The exercise instructor engages in ongoing education and training in the health and fitness profession. The instructor will provide you with competent, professional guidance to the best of his/her abilities. Please inform the instructor of all health conditions you have (i.e., high blood pressure, surgery, etc.), as they may affect your ability to exercise in ways you do not expect.

I desire and agree to participate in this exercise class and I acknowledge that my participation is entirely voluntary. I understand that this exercise program and its instructors do not diagnose diseases or any physical or mental disorders, nor do they prescribe medical treatment, and the classes and program do not constitute medical advice.

IN CONSIDERATION OF being permitted to participate in this exercise class, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Release and forever discharge F.I.T. Together and its employees, volunteers, instructors, officers, directors, affiliates, agents, representatives, successors and assigns (Collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property however caused, arising or to arise by reason of or during my participation and/or involvement in the exercise class, and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
2. Assume and accept responsibility for all risks arising from or relating to this exercise class.
3. Indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the exercise class.
4. Understands and acknowledges that F.I.T. Together does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
5. Agrees that in the event that any provision of this document is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this document, which shall continue to be enforceable.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE CONTENT OF THIS PROFESSIONAL DISCLOSURE AND LIABILITY RELEASE.

Signature

Printed Name

Date