

GENERAL FITNESS WAIVER
FITNESS INSTRUCTOR AND FACILITY
RELEASE FROM LIABILITY HOLD HARMLESS WAIVER

Date: March 6, 2015

I understand that my participation of Fitness and/OR any dance exercise fitness program thereof and any participation of fitness classes therein may involve risk, including, but not limited to sprains, pulled muscles, aches and pains and overall general soreness. I also understand that any instruction provided is intended only to guide me in proper form and technique. It is up to me to monitor my own intensity levels and to make my own determination concerning the appropriate level of activity based on my physical health. I understand that any questions concerning my ability to participate should be discussed with my physician.

I am in good health and I have informed my doctor of starting this fitness program and have been cleared to participate. I do not have any medical conditions, such as heart disease, asthma, hypertension, or diabetes that may interfere with my use of the facility and participation in this Fitness/dance classes.

I have been advised to seek competent medical advice before I follow any regiment of exercise.

Based upon the foregoing, and my desire to utilize this program, I hereby release the Facility, Trinity Baptist Church, and the Instructor(s) conducting any classes thereof; and assigns from any and all liabilities and/or claims arising from, or in any way connected with, my use of the program/facility or any extension thereof. This has been fully explained to me. I also understand that there will be no supervision of my workouts other than the instruction of the Fitness/Dance class instructor and that I assume the risk and responsibility of my fitness level and will adjust to fit my abilities accordingly. I am participating in Fitness/Dance and other fitness/dance programs of my own free will, with full knowledge of all that it entails, and I am responsible for my own actions, and the consequences of those actions.

Print Participant's Name: _____

Signature of Participant's Name: _____ Date: _____

E-Mail (if participant desires to be contacted to be informed of similar events/classes):
