

## Release/Assumption of Risk Agreement

\_\_\_\_\_ In consideration of gaining access to participate in activities associated with Athlete Innovations, I do hereby waive, release and forever discharge Athlete Innovations and its officers, agents, employees, representatives, executors and others from and all responsibilities or liability for injuries or damages resulting from participations in any activities in said program.

\_\_\_\_\_ I understand the policies and procedure set forth by the Athlete Innovations and I have had the opportunity to discuss my specific needs in relation to participatory activity; and as a result, I do voluntarily request the right to participate in this preventive program of exercise.

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 for 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 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 Athletic Innovations

\_\_\_\_\_ In additions, it was seriously recommended that I consult with a physician before engaging in any activities associated with Athlete Innovations.

\_\_\_\_\_ 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 to waive full responsibility and liability on behalf of Athlete Innovations.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally. Participant's Name (Please Print):

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

(Parent's signature if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: \_\_\_\_\_ Date:

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