

Agreement of Release & Waiver of Liability Form

I, _____, hereby agree to the following:
(Print Your Name)

1. I am participating in an exercise class, taught by Design Fitness, LLC. I recognize that this class may require some physical exertion, which may be strenuous and may cause minor or serious physical injury, and I am fully aware of the risks and hazards involved.
2. I understand it is my responsibility to consult with a physician prior to my participation in this workout class.
3. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the class.
4. I knowingly, voluntarily and expressly waive any claim I may have against Design Fitness instructors, for any injury or damages that I may sustain as a result of participating in the class.
5. I, my Heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.
6. I voluntarily agree to the terms and conditions stated above.

Please list and explain any physical conditions that you may have:

Your Signature

Date

Parent or Guardian Signature

Date

