



Rep ID: _____

Source Code _____

MOTION FITNESS WAIVER

Teen Fit - 12-17

Date: _____

(PLEASE PRINT)

Name: _____

Member #: _____

Address: _____

Postal Code: _____

Phone No.: _____

Email: _____

Birthdate: _____

Health card # _____

Agreement of Release and Waiver of Liability

I, _____ hereby agree to the following:

1. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Group Fitness Class or using any equipment at **Motion Fitness**
2. In consideration of being permitted to participate in any Group Fitness Class or in using any cardio or weight equipment at Motion Fitness, I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of participation in the program.
3. In further consideration of being permitted to participate in any classes or use the equipment, I knowingly, voluntarily and expressly waive any claim I may have against the **Motion Fitness** and their instructors/employees for any injury or damages that I may sustain as a result of participating in the program.
4. Heirs, my legal representatives, forever release or I waive, discharge and covenant negligence or other acts.

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I DO SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITION INVOLVED AND DO SO ENTIRELY ON MY OWN FREE WILL.

REGISTRANT'S SIGNATURE: _____ **DATE:** _____

If registrant is under 18, a legal guardian's authorization is required:

AS LEGAL GUARDIAN I CONSENT TO THE ABOVE TERMS AND CONDITIONS

GUARDIAN'S SIGNATURE: _____

Please indicate any physical conditions or disabilities; current or chronic, which might limit participation in this class, any medication taken at this time or any allergies known.