

WAIVER AGREEMENT & RELEASE OF LIABILITY



NOTE: THIS FORM MUST BE READ IN ITS ENTIRETY AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY PROGRAM DESIGNED OR FACILITATED BY INFINITE SOUL, ITS ASSOCIATES OR INSTRUCTORS. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ IT.

1. In consideration of participating in any personal health, fitness, and wellness training program associating Infinite Soul, the instructors and associates, the use of its training equipment, use of its facilities or program sites and in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge those mentioned above from any and all responsibilities or liabilities from injuries or damages resulting from any involvement in any health, fitness and/or wellness training program, or the use of any training equipment at any one of their program sites. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in a personal fitness training program.

IF CORRECT, YOU AGREE AND UNDERSTAND, INITIAL HERE _____

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of any training equipment or facility/program site as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in any program or in the use of training equipment, facility or site. I fully understand that the program may be strenuous and I choose to participate completely voluntarily. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of equipment, facilities or sites so that I might have his/her recommendations concerning these activities and equipment use. I acknowledge that I have either had a physical examination or been given my physicians permission to participate in physical activity and use of fitness equipment, otherwise I am voluntarily participating without the approval of my physician and do hereby assume all responsibility for my participation and use of fitness equipment.

IF CORRECT, YOU AGREE AND UNDERSTAND, INITIAL HERE _____

I have read this Release of Liability and Waiver Agreement in its entirety, fully understand its terms, understand I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participant's Signature _____

Participant's Name (Printed) _____

Witness's Signature _____ Date _____

