

AGREEMENT AND RELEASE OF LIABILITY

I, _____, have enrolled and been allowed to participate in a health and fitness program of physical activity including, but not limited to cardiovascular activities (running, walking, stair climbing, aerobic dance, step, bicycling), strength training and stretching which may require the use of conditioning machinery and other equipment offered by Moving Strength. I hereby waive, release and forever discharge Moving Strength from any and all responsibilities or liability from injuries or damages resulting from participation in any activities or my use of equipment or machinery.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of dangers involved. I hereby assume and accept any and all risk.

I affirm that I am physically sound and suffering from no condition, impairment or disease that would prevent my participation or use of equipment or machinery except as herein stated. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician.

Date: _____

Name: _____ **Signature:** _____

Address: _____

Telephone: _____ **Email:** _____

