

## WAIVER, CONSENT & ASSUMPTION OF RISK

1. I, \_\_\_\_\_ acknowledge that I will be engaging in physical exercises and using exercise equipment which could cause injury to me. I am aware that all activities, services and programs offered are educational, recreational or self-directed in nature. I further agree that I will use such exercise equipment and take such exercise recommendations at my own risk exclusively, and that I will forever waive, release and discharge THE COURT MASTERS and it's officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of THE COURT MASTERS or the use of any equipment at various sites, including home, office or any other location, provided by and/or recommended by THE COURT MASTERS. (Please initial \_\_\_\_\_)
  
2. I have been informed, understand and I am aware that strength, endurance, power, flexibility and aerobic exercises, including the use of equipment, are potentially hazardous activities. I have also been informed, understand and I am aware that fitness activities involve the risk of injury, including the remote risk of death or serious disability, and I that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved. I agree to expressly assume and accept any and all risks of injury or death. (Please initial \_\_\_\_\_)
  
3. I further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in fitness activities or use of equipment. I acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that is has been recommended that I have yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise and use of equipment. 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 the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activity programs and use of equipment. (Please initial \_\_\_\_\_)
  
4. I have been asked if I may be touched for instructional purposes and I:  
Agree to this instructional touching. (Please initial \_\_\_\_\_)  
Refuse this instructional touching. (Please initial \_\_\_\_\_)
  
5. I understand that THE COURT MASTERS providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto. (Please initial \_\_\_\_\_)

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(Date)

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(Signature of Participant)