

Sharp Physiques Fitness Center Agreement and Release of Liability

I, _____ (hereafter "Client"), have enrolled in the Sharp Physiques training program.

In consideration of being allowed to participate in this program and use related equipment services, I waive, release, and discharge Sharp Physiques, its 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. This includes injuries or damages arising out of or connected with my participation in this program or the use of related equipment and services at various sites, provided by and/or recommended by my personal trainer. Sharp Physiques will maintain the equipment at the facility to the best of its ability in attempt to ensure that a safe workout environment is provided.

Please place your initials next to each statement below to indicate your understanding and acceptance of that statement.

_____ I have been informed of, understand and am aware that:

Strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities;

Fitness activities involve a risk of injury, including a remote risk of serious disability or death;

I am voluntarily participating in these activities and using related equipment and services with full knowledge, understanding and appreciation of the dangers.

_____ I hereby agree expressly to assume and accept any and all risks of injury or death.

_____ I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in this program and use of related equipment and services. I hereby acknowledge that I have been informed of the need for:

Physician approval for my participation in the program and use of related exercise equipment;

A yearly or more frequent physical examination and consultation with my physician regarding physical activity, exercise and use of related equipment.

_____ I have either had a physical examination and received my physician's permission to participate, or have decided to participate without this permission and assume all responsibility for my participation and use of related equipment.

Client Signature- Parent/Guardian

Date

Sharp Physiques Representative

Date