**W.I.L.L. It Fitness**

**Participant Release and Waiver of Liability**

* I am participating in fitness classes offered by W.I.L.L. It Fitness and its instructors during which I will receive information and instruction about fitness.
* I recognize that fitness classes require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
* I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any fitness classes. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in class.
* In consideration of being permitted to participate in the W.I.L.L. It Fitness classes, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which might incur as a result of participating in the program.
* In further consideration of being permitted to participate in the W.I.L.L. It Fitness classes, I knowingly, voluntarily, and expressly waive any claim I have against W.I.L.L. It Fitness or any of its instructors for injury or damages, known or unknown, that I may sustain as a result of participating in the program.
* My heirs, my legal representatives, or I forever release, discharge, and covenant not to sue W.I.L.L. It Fitness or its instructors for any injury or death caused by my voluntary participation in any fitness class under the instruction of a W.I.L.L. It Fitness instructor.

I have read the above Release and Waiver of Liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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