

Health & Fitness Liability Waiver/Informed Consent Form

My submission of this form verifies that I have voluntarily enrolled to participate in the “Leaders & Family in Christ Health and Fitness Fellowship Event” offered by Augusta’s Fit Five. I recognize that the event may involve strenuous physical activity including, but not limited to, muscle strength and endurance events, cardiovascular events, and other various fitness activities.

I understand that by signing below, I hereby voluntarily indemnifies, releases from liability, and holds harmless Augusta’s Fit Five, the members who collectively make up Augusta’s Fit Five, the host facility and it’s owners for any accident, injury, illness, death, loss, damage to person or property or other consequences suffered by me or any other person arising or resulting either directly or indirectly from my participation in this event.

In the event that I am injured, I agree to assume any financial obligation, through my personal health insurance or through some other means for any medical costs which I incur. Augusta’s Fit Five assumes no responsibility for and medical expenses, injury or damage suffered by the participant in connection with the use of any facilities, products or services in connection with this event.

I agree to release from all liability, discharge and promise not to take legal action against the Fit Five its directors, owners, employees, representatives, volunteers or agents, and the owner of the land the event shall be held on. I agree to release the aforementioned people from any liability to me, my heirs, next of kin, assigns or personal representatives for any losses, damages, claims or demand arising out of my death, injuries or damages to property.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise event. I understand that it is my sole responsibility to participate in exercises that are appropriate for the current status of my health. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I understand that any exercise or fitness activity involves a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death. I am accepting such risks and volunteering to participate with full understanding of the dangers involved.

_____ (Participant Signature)

_____ (Date)