

Fitness Boot Camp Registration / Waiver Form

Date ____/____/____

First Name _____ Last Name _____

Street Address _____

City _____

Date of Birth ____/____/____ Phone (____) _____ - _____ E-mail _____

Liability Waiver

Please Read and Sign Below

Exerciser hereby stipulates that he/she is physically sound and that he/she has approval to proceed with a routine of exercise.

LIMITATIONS OF EXERCISE, IF ANY: It is further expressly agreed that all strength training, cardiovascular exercise, or any other exercise shall be undertaken by me at my sole risk and that Smales Farm and its contractors or employees shall not be liable to me for claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services provided and of the premises where the same is located. I do hereby expressly forever release and discharge Smales Farm and its contractors or employees from all such claims, demands, injuries, damages, actions or causes of action, from all acts of active or passive negligence on the part of Smales Farm and its contractors or employees. I further expressly agree that I will not use equipment improperly. If I have any questions whatsoever, concerning exercise and use of equipment, I agree that I will request instruction from Smales Farm and its contractors or employees. **DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND THE TERMS COMPLETELY. IF YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL COUNSEL.**

X _____
Representative

X _____
Your Signature