

GUEST WAIVER



PD: _____

DATE: _____

STAFF: _____

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in exercise activities at JUST FITNESS 24/7, to use its' facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge JUST FITNESS 24/7 and its owners, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above-mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of JUST FITNESS 24/7 or the use of any equipment at JUST FITNESS 24/7.
(Please initial _____)
2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
(Please initial _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Signature _____ Date _____

Printed Name _____

THANK YOU FOR VISITING US TODAY! HAVE A GREAT WORKOUT!