

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of **Dara J Harris/DaShawn W Harris** and to use facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge **Dara J Harris/DaShawn W Harris** of any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities conducted. 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 an activities of **Dara J Harris/DaShawn W Harris** or the use of any equipment under the supervision of **Dara J Harris/DaShawn W Harris**. (Your Initials _____)

2. I understand and am aware that physical fitness 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. (Your Initials _____)

3. I do hereby further declare myself to be physically sound and suffering from no undisclosed condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of these activities and program of **Dara J Harris/DaShawn W Harris** 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 training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate inactivity and or 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. (Your Initials _____)

Print _____

Signature _____

Date _____

HARRIS
PHYSICAL FITNESS