

# Waiver and Release

I agree to abide by the rules of the club, including the completion of a pre-activity screening questionnaire and/or health/medical information questionnaire prior to participation in any physical activities at the club. I further agree that all use of the club's facilities, programs, and services shall be undertaken at my sole risk and that the club shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from the club's negligence, arising either directly or indirectly out of my participation in, or use of, the club's facilities, programs, and services. I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue the club, its affiliates, officers, directors, agents, or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from the club's negligence, arising either directly or indirectly out of my participation in, or use of, the club's facilities, programs, and services.

I declare that I have completed the club's pre-activity screening questionnaire and/or health/medical information questionnaire and that I am physically able to participate in physical activity. Furthermore, I acknowledge that the club has advised me to obtain a physician's clearance in the event the answers on the pre-activity screening questionnaire and/or health/medical information questionnaire indicate that I should not participate in a program of physical activity without a physician's clearance, or if the club is unsure of my physical health yet I maintain that I am physically capable of pursuing physical activity in the club without such steps being taken or has done so.

Individual's signature: \_\_\_\_\_ Date: \_\_\_\_\_

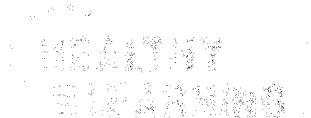
Staff witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

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