

DEFINED FITNESS

GUEST WAIVER & RELEASE FORM

YOU (THE GUEST) ARE AWARE THAT YOU ARE ENGAGING IN PHYSICAL EXERCISE AND THAT THE USE OF EXERCISE EQUIPMENT, CLUB FACILITIES, TRAINING AND INSTRUCTIONS, COULD CAUSE INJURY TO YOU. YOU ARE VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND ASSUME ALL RISKS OF INJURY THAT MIGHT RESULT. YOU AGREE TO WAIVE ANY CLAIMS OR RIGHTS YOU MIGHT OTHERWISE HAVE AGAINST THE HEALTH CLUB, ITS OWNERS, OFFICERS, EMPLOYEES, OR AGENTS FOR INJURY OR DAMAGE AS A RESULT OF THESE ACTIVITIES. YOU HAVE CAREFULLY READ THIS WAIVER AND RECOMMENDATIONS WHETHER YOU ARE PHYSICALLY FIT FOR ANY EXERCISE ACTIVITIES. IT IS ALWAYS ADVISABLE TO CONSULT YOUR PHYSICIAN BEFORE UNDERTAKING A PHYSICAL EXERCISE PROGRAM. YOU AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF DEFINED FITNESS AND FOWLER FITNESS INC.

PRINT NAME: _____

DATE: _____

PHONE#: _____

SIGNATURE: _____

PARENT NAME (IF UNDER 18): _____

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