



Agreement of Release and Waiver of Liability

For good and valuable consideration, including permission by Shirley Rombouts Taylor, d.b.a. GET CORE Functional Exercise Training ("GET CORE"), its owners, agents, employees, successors, assigns, insurers, heirs, personal representatives, and executors (collectively, "Releasees"), for my, or my child's, participation in the GET CORE Functional Exercise Training fitness program, and the use of the property, facilities and equipment of Releasees (together, the "Training Program"), I, the undersigned ("Participant" or "Parent/Guardian"), for myself or my child, and on behalf of my heirs, personal representatives, successors and assigns, for as long as I, or my child, participate(s) in the Training Program, hereby agree as follows:

I acknowledge and fully understand that the Training Program involves strenuous physical exercise, including, but not limited to, aerobic activity, weight training and running, and the use of strength, endurance and body conditioning equipment that are inherently dangerous and my, or my child's, participation in the Training Program may involve risk of serious injury or death, including economic losses, which may result not only from my, or my child's, actions, inaction or negligence, but also from the actions, inaction or negligence of others; the condition of the property, facilities or equipment of Releasees; or the condition of other properties, facilities or equipment in other areas where the Training Program is being conducted. I also understand that participation in the Training Program may require physical touching and positioning of my, or my child's, body to assess muscular and bodily reactions to specific exercises, as well as to ensure that I am, or my child is, using proper technique and body alignment. I expressly consent to the physical contact for these purposes.

I warrant that I am, or my child is, in good physical condition and suffering no condition, impairment, disease, infirmity, or other illness that would prevent participation in the Training Program, except as follows (describe any existing medical condition that may affect participation in the Training Program):

_____.
I hereby acknowledge that it is my responsibility to consult with a physician and obtain approval to participate in the Training Program. I warrant that I have either obtained physician approval to participate in the Training Program, or I have decided to participate, or authorize my child's participation, in the Training Program without the approval of a physician at my own risk.

I assume any and all risks of personal injury or damage to me, or my child, and of any loss, damage or destruction of my personal property, and I expressly release, waive, discharge and relinquish Releasees from any and all liability, losses, damages, claims, demands or causes of action against Releasees, or any of them, arising out of or in any way related to (i) my, or my child's, participation in the Training Program, or (ii) my, or my child's, entry into or use of the Releasees' premises, facilities, services or equipment, whether caused by the negligence of Releasees or otherwise.

I have read the above Agreement of Release and Waiver of Liability and fully understand its contents. I voluntarily acknowledge, warrant, release and otherwise agree to the terms and conditions as stated above.

Participant Name: _____

Participant Signature (if 18 years or older): _____ Date: _____

Parent or Guardian Signature: _____ Date: _____