

PEAK PERFORMANCE

FITNESS & WELLNESS CENTER

Name: _____

Date: _____

Acknowledgement of Risk/ Waiver of Liability

I understand that my child / I will be participating in Peak Performance Fitness. My child / I has no physical conditions that would limit his / her/ my participation in sports performance training / fitness classes / personal training. I am assuming all risks and hazards incidental to the conduct of these activities. In case of emergency, the Peak Performance staff has my permission to use their judgment with regard to treatment until I can be contacted. Moreover, I hereby authorize any qualified physician contacted to proceed with treatment.

Please initial each of the following:

_____ I hereby acknowledge that the use of the facilities or any training sessions of Peak Performance will necessarily require physical exertion and hereby assume the risk of any injury or damage to a person resulting from or in connection with the use by me of any of the facilities or equipment provided by our presence upon the premises of Peak Performance, its owners, agents, employees, representatives, contractors and insurers, and agree to defend, indemnify and hold them harmless of and from any claim, demand, action, or cause of action for injury, damage or loss to person or property asserted by or occurring in favor of me.

_____ By signing this document, I acknowledge that I have been informed of the need to obtain a physicians examination and approval prior to beginning an exercise program. I fully understand that the program may be highly strenuous and choose to participate completely voluntary. I will accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way.

_____ By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. In signing this document, I acknowledge being informed about the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack or death. I reassure all risk for my health and well-being and hold harmless of any responsibility, Peak Performance, the owners, instructors, contractors, employees and any persons involved with this program.

Signature _____ Dated _____

Witness _____