



## Release of Liability

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Creations X and Spa City Running Club and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Creations X and Spa City Running Club and its officers, agents and employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Creations X and Spa City Running Club or the use of any equipment at various sites, including home, provided by and/or recommended by Creations X and Spa City Running Club officers, agents and employees, representatives, executors and all others **(Participant or Parent/Guardian INITIALS:\_\_\_\_\_)**

2. I have been informed of, understand and I am aware that strength, flexibility and aerobic and anaerobic exercises, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and I am aware that fitness activities involved a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment, facilities and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Participant or Parent/Guardian INITIALS:\_\_\_\_\_)**

3. I do hereby further declare myself to be physically and emotionally sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment, facilities or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, facilities and use of exercise equipment. 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 activities, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to use the facilities or participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, facilities, programs and use of equipment. **(Participant or Parent/Guardian INITIALS:\_\_\_\_\_)**

4. I understand that Creations X and Spa City Running Club providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto. **(Participant or Parent/Guardian INITIALS:\_\_\_\_\_)**

**Participant Name (Print):** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Guardian signature is required if participant is a minor (under 18 years of age)*

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Representative/Agent of Creations X and/or Spa City Running Club*