



Get Fit Seymour Liability Release Form

I _____, voluntarily consent to participate in an exercise program and/or assessment with Get Fit Seymour and its/their coaches. I recognize that these activities may at times be strenuous. I have been advised and understand that participating in any exercise or conditioning program presents some unavoidable risk of injury, especially to people who have preexisting injuries, illness or medical disabilities.

I understand that a medical evaluation is advisable before commencing any exercise or conditioning program. By my participation in any of these activities, I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician. I understand that in rare cases physical exercise can cause dizziness, chest discomfort, nausea, and joint or muscle soreness.

I assume all risks involved and hereby waive, release and forever discharge Get Fit Seymour, GForce Fitness, Marvel My Fitness, KMAA, Valley Grove, Seymour Intermediate, Prospect Elementary and Gold's Gym, its members, officers, employees and staff from any and all claims, suits, losses or causes of action for damages, injury, disability or death, including claims for negligence, arising out of or related to my participation in any Get Fit Seymour, GForce Fitness, Marvel My Fitness, KMAA, Valley Grove, Seymour Intermediate, Prospect Elementary and Gold's Gym exercise program or assessment.

Attendees and Participants in events sponsored by Get Fit Seymour (GFS) may be photographed or videoed for use in Get Fit Seymour promotional materials. By participating in the program, I grant GFS and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs or video of me participating in the program for editorial, trade, advertising, and any other lawful purpose and in any manner and medium in perpetuity without restriction and without my inspection or approval. I hereby release the photographer and assigns from all claims and liability relating to said photographs or video.

I have read and understand this informed consent and release of liability and it accurately sets forth my intentions and, I agree to be bound by its provisions.

Full Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (____) _____ - _____

Email Address: _____@_____.

Signature _____ Date: ____/____/____