

Signature



Group Activity Waiver

I,, do hereby consent to participate in a conditioning program that will include various components of fitness such as strength, flexibility and cardiovascular exercise. I understand that physical exercise is associated with possible risks for injury or even death, and I hereby declare that I am voluntarily participating in these activities.
I declare myself to be physically sound and free from any condition, impairment, disease, infirmity or other illness that would prevent my participation in a conditioning program. I acknowledge I have been informed of the need for a physician's approval prior to participation in a conditioning program, and of the recommendation that I undergo a yearly physical examination/consultation with my physician to determine any medical recommendations or limitations for my conditioning program. I acknowledge that I either have my physician's approval to participate in a conditioning program, or that I have decided to participate in a conditioning program without the approval of my physician. I hereby assume all responsibility for my participation and activities.
I am aware that I may terminate my participation in the conditioning program at any time. If at anytime I have questions or concerns regarding the content, policies or procedures of my conditioning program or Kinetic Potential , I agree to discuss these matters with my trainer as soon as practical.
I further agree to the following:
 I assume all risk of injury that might arise from my participation in this conditioning program. I release, discharge and waive <u>Kinetic Potential</u> and <u>Kelli Lawson</u> from any and all responsibility or liability for injury, including death resulting from my participation in this conditioning program. I indemnify and hold <u>Kinetic Potential</u> and <u>Kelli Lawson</u> harmless from and against all liability, claims, demands, actions, loss and damage resulting from my participation in this conditioning program.

Date