

The Fit Stop Health Club

Release of Liability – Assumption of Risk

The Fit Stop Health Club, which includes the owners, directors and agents urge all members to obtain a physical examination prior to the use of any exercise equipment, climbing gym, therapy pool, or participation in exercise classes. As Participant, I am aware that there is an element of risk of serious injury or death associated with activities performed in furtherance of physical health and undertake them on my own responsibility. I choose to participate of my own free will. In consideration of the permission to participate extended to me and for the services furnished to me by The Fit Stop Health Club, do hereby for myself, my heirs, spouse, children, unborn children, personal representatives, and agents release and forever discharge any and all claims, demands, actions, or lawsuits on account of my injury or death that might occur as a result of negligence on the part of myself, The Fit Stop Health Club, or other persons affiliated or not affiliated with The Fit Stop Health Club.

Participant authorizes the Fit Stop to stabilize, obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of The Fit Stop, medical attention is required and Participant is unable to make such decisions himself/herself. Participant agrees to pay all costs associated with such medical care and related transportation and shall DEFEND, INDEMNIFY AND HOLD HARMLESS The Fit Stop of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Participant also authorizes disclosure of any protected medical information in the possession of the Fit Stop that is necessary to provide, coordinate or manage members healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, PARTICIPANT SIGNIFIES HIS CONSENT TO THE TERMS ABOVE BY SIGNING BELOW.

Name (Printed: _____

Signature: _____ Date: _____

SIGNATURE FOR PARENT OR LEGAL GUARDIAN REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18

As the parent or legal guardian of the minor child Participant named above, I hereby make and enter into each and every agreement, representation, waiver and release described above.

PARENT OR LEGAL
GUARDIAN'S SIGNATURE: _____ DATE: _____