RELEASE / ASSUMPTION OF RISK AGREEMENT

In consideration of gaining access to participate in activities associated with ***Training Zone Studio***, I do hereby waive and forever discharge ***Training Zone Studio*** and its agents, independent contractors, representatives, executors and all others from any and all responsibilities or liabilities for injuries or damages resulting from my participation in any activities in said program.

Print initials

I understand the policies and procedures set forth by ***Training Zone Studio*** and I have had the opportunity to discuss my specific needs in relation to participatory activity in the program. I do voluntary request the right to participate in this preventive program of exercise.

Print initials

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities, which involve risk in any of the following areas:

- **The use of facility equipment**
- **The performance of fitness-related evaluations to assess functional capacity**
- **The participation in group activities related to exercise and activity**
- **Incidents that occur within the institution/facility, locker rooms, dressing rooms, showers (if applicable) and other areas associated with the fitness facility**

In addition, it is seriously recommended that I consult a physician before engaging in any activities associated with ***Training Zone Studio*** and its programs.

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of ***Training Zone Studio*** and its executors.

Participant's name (print name clearly)

Participant's signature (type your full name)

Date