

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration for being allowed to participate in the physical activities and programs of JACOB DICKSON and to use his facilities, equipment and/or machinery, and in addition to the payment of any fee or charge, I do hereby expressly waive, release, and forever discharge JACOB DICKSON and his officers, agents, employees, representatives, executors, and any others acting on his behalf from any and all responsibilities, liability, or causes of action arising from injuries or damages resulting from my direct or indirect participation in any activities or my use of equipment, or machinery in the above-mentioned activities. I do also hereby release JACOB DICKSON and his officers, agents, employees, representatives, executors, and any others acting on his behalf from any responsibilities, liability, or causes of action arising from any injury or damage to myself or my personal property, **including those caused by the NEGLIGENT ACTS OR OMMISSIONS** of JACOB DICKSON and his officers, agents, employees, representatives, executors, and any others acting on his behalf or in any way arising out of or connected with my participation in any activities of JACOB DICKSON.

PLEASE INITIAL AND DATE _____

2. I understand and am aware that strength training, flexibility training, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

PLEASE INITIAL AND DATE _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in fitness activities or use of equipment or machinery, except as hereinafter stated. I do hereby acknowledge that by reading and signing this document, I have been informed of the need for a physician's approval of my participation in **each** of the activities or use of equipment or machinery to which I will participate. I also acknowledge that by reading and signing this document, it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. 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 in activity and use of equipment and machinery without the approval of my physician, and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities.

PLEASE INITIAL AND DATE _____

Date: _____

Print Name:

Signature:
