



## Independent Program Participation Release and Waiver

In consideration of the undersigned being on premise of voluntarily participating in the independent program at **Peoplefit Health and Fitness Center**, the undersigned, individually and on behalf of the undersigned's heirs, representatives and next of kin, agrees to:

1. release, waive and discharge, and to indemnify and hold harmless, Peoplefit and its employees and affiliates from all loss, expense and liability for injury, death or damages to the person or property of the undersigned while using Peoplefit's facilities; and
2. assume full responsibility for risk of injury, death or damages to the person or property of the undersigned, while using Peoplefit's facilities.

I understand the program is not a physical therapy program, nor a substitute for medical treatment. I do represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

The Facility (Peoplefit) reserves the right to limit participation of individuals when criteria are not met or the safety of participants or staff is compromised.

The undersigned acknowledges that no oral or written statements or agreements contrary to this document have been made to the undersigned and that this document supersedes any and all prior statements and agreements with Peoplefit. The document may only be changed in writing executed by Peoplefit.

The agreements in this document shall be continuing and shall not terminate without the prior written consent of Peoplefit.

The undersigned has read, understands and voluntarily signs this document.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_