



## Waiver Form

This is your waiver form to be completed prior to your first exercise session. All information will be kept confidential. Please read and signature.

### Agreement of Release and Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in the Health & Fitness sessions, Programs or Workshops offered by Forward Steps Running Club during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Exercise Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Forward Steps Running Club for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Forward Steps Running Club] for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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DATE SIGNATURE OF PARTICIPANT

If participant is under 18:  
AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO  
THE ABOVE TERMS AND CONDITIONS.

DATE SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

WITNESSED BY

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