

MebFit Liability Release

I, _____ hereby consent to voluntarily engage in an exercise conditioning class that includes, but is not limited to the following activities: Walking/ jogging/running sprinting/ jumping, jumping rope, lunging, squatting, balance work, calisthenics with medicine balls, kettle bell lifting, exercise bands, tubing, agility, endurance, resistance, speed, stretching, abdominal and functional work.

The levels of exercise that I will perform will be at my own pace, based upon my personal fitness, strength and endurance.

I understand that there are risks that may be associated with any exercise program.

By signing this waiver I acknowledge the understanding and agreement of the following:

1. The MebFit group leader is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advise.
2. The group leader has explained to me that I should seek the advise of a physician before starting any fitness program.
3. I will notify class leaders if I feel tired, pain, or out of the ordinary in any way, either related to my training, or otherwise, I should contact a physician right away.

I acknowledge that any type of exercise involves risk of injury. Mebane on the Move and the Mebane Woman's Club shall not be liable for any personal injuries, disability or death, including damage to the undersigned, or the property of the undersigned.

As the undersigned, I expressively waive, release, discharge and agree not to sue from any liability or death, disability, personal injury or action of any kind Mebane on the Move and the Mebane Woman's Club.

I have read this entire Release. I fully understand the agreement between the parties, that no representatives of Mebane on the Move, the Mebane Woman's Club, nor anyone else has verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Signature of MebFit participant

Date