



WAIVER OF LIABILITY FOR GYM USE

I/We hereby understand and acknowledge that the training, programs and events held by Xtreme Sports Fitness may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks both know and unknown.

I/We hereby acknowledge our responsibility to immediately communicate any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

Having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Xtreme Sports Fitness furnishing services to me. I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Xtreme Sports Fitness, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in Xtreme Sports Fitness training, programs and/or events.

Not with-standing any statement or other declaration to the contrary, I do hereby, by affixing my signature here to waive and release Xtreme Sports Fitness LLC, its owners, employees, and all other agents of any kind, from any and all liability regardless of its source, and do fully agree to waive any and all damages over and above the sum of \$50.00. I do agree to accept \$50.00 as a full and complete settlement of any and all civil claims that I may have or may have against in the future Xtreme Sports Fitness LLC., its owners, employees, and all other agents regardless of the cause of such damage.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____ Phone Number: _____

Participant's Signature: _____ Date: _____

In Case of emergency, contact: _____ Phone Number: _____

Email: _____

(Parents Signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date: _____