



369 South Mountain Blvd. – Mountain Top, PA 18707  
Waiver, Release and Assumption of Risk Form

**This form is an important legal document. It explains the risks you are assuming by beginning a fitness program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.**

I, \_\_\_\_\_, have volunteered to participate in a program of physical fitness under the direction of certified and/or licensed fitness instructors. I do here and forever release and discharge and hereby hold harmless the certified and/or licensed fitness instructors and any assistants from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any fitness program offered at PUSH Fitness Studio, Inc. including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

I recognize all types of fitness class may be difficult and strenuous and that there could be dangers inherent in fitness classes for some individuals. I acknowledge that the possibility of certain unusual physical changes during any fitness class does exist. These changes can include abnormal blood pressure, fainting, disorder in heartbeat, heart attack and in rare instances, death.

I have been advised to consult a physician before starting any regular exercise/fitness program. I acknowledge and agree that I assume the risks associated with any and all activities and/or fitness exercises in which I participate at PUSH Fitness Studio, Inc., including the fitness classes listed.

I certify that I am physically able/fit, have sufficiently prepared myself for participation in this fitness class and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which could preclude my participation in this fitness class and all future classes.

I, the undersigned, hereby grant permission to PUSH Fitness Studio Inc to photograph and/or record on video this participant listed and to use this material, in whole or in part, to promote PUSH Fitness Studio Inc. I understand that the material will remain the property of PUSH Fitness Studio Inc. I further waive any claim to remuneration for material used for these purposes.

**PRINT the Participant's Full Name:** \_\_\_\_\_

**SIGNATURE (18 & older)** \_\_\_\_\_

**If the participant is under 18:**  
**I (Parent/Guardian printed name)** \_\_\_\_\_ **give consent for the individual referenced above to participate in any fitness or other class at PUSH Fitness Studio Inc and I agree to this waiver in its entirety on behalf of the above referenced individual.**

**Parent/Guardian Signature – if under 18:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **SEND ME EMAIL UPDATES:** Yes / No

**TODAY's DATE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_