



233 Douglas Avenue
Charlottesville, VA 22902
(434)245-2288

Release and Indemnification Form

We strongly recommend that all participants consult with their physician prior to participation.

In consideration of the acceptance by sponsors of my participation in group exercise programs, and personal training programs with Clay Fitness & Nutrition LLC, I, the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assignees, do hereby waive, release and discharge the sponsors of this program, their agents, representatives, successors and assignees from all liabilities, actions, claims, demands, cost and expenses, which I may now or in the future have against them or any of them arising out of or in anyway connected with my participation in the program, including but not limited to any injuries that maybe suffered by me. I understand this waiver includes, but is not limited to any claims that are based on negligence or other action or inaction of the above named parties. In consideration of the acceptance of my entry, the undersigned indemnifies and holds harmless Clay Fitness & Nutrition LLC and its agents and employees against all liabilities, claims, damages and expenses of every kind and nature which grow out of or are in anyway connected with conduct of this organization of this program.

- I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of these dangers involved. I hereby agree to expressly assume and accept all risks of injury or death. (Please initial)_____
- I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment and machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or the use of equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to my physical activity, exercise and use of exercise training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.



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Youth/Teen Program: Does your child have any acute or chronic injuries or pre-existing physical conditions that may affect their participation in our program? If so, please list them here:

Participants Signature _____ Date _____

Participants Printed Name _____ Date _____

Signature of Parent/Guardian _____ Date _____