

WAIVER OF LIABILITY FOR GYM USE

I/We hereby understand and acknowledge that the training, fitness efforts, sporting programs and other events held by The Sports Crib fitness center (“The Sports Crib”) may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation at The Sports Crib including, but not limited to, falls, contact with objects such as but not limited to weights or other equipment, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks whether actually known to me or reasonably should be known to me, and whether preexisting or not.

I/We hereby acknowledge my/our responsibility in recognizing any physical and psychological concerns that might conflict with my/our participation of any activity at The Sports Crib. I/we understand and acknowledge that it is my/our responsibility to know my/our own physical and psychological limitations while at The Sports Crib.

I/We acknowledge that I/we am/are physically fit and mentally capable of performing the physical activity I/we choose to participate in while at The Sports Crib.

After having read this waiver and knowing these facts, and in consideration of acceptance of my/our participation and The Sports Crib furnishing services to me/us, I/we agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** The Sports Crib, its officers, agents, employees, organizers, representatives, owners and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my/our participation in The Sports Crib’s training, programs and/or events.

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

Name (Please Print): _____ **Signature:** _____ **Date:** _____

Name (Please Print): _____ **Signature:** _____ **Date:** _____

Name (Please Print): _____ **Signature:** _____ **Date:** _____

Name (Please Print): _____ **Signature:** _____ **Date:** _____

In case of emergency, contact: _____ Phone: _____

(Parent’s 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:** _____