



ASSUMPTION OF RISK

1. IN CONSIDERATION OF GAINING MEMBERSHIP OR BEING ALLOWED TO PARTICIPATE IN THE ACTIVITIES AND PROGRAMS OF CONCORDE HEALTH AND WELLNESS CENTER, AND TO USE ITS FACILITIES, EQUIPMENT, MACHINERY IN ADDITION TO PAYMENT OF ANY FEE OR CHARGE, I DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE CONCORDE HEALTH AND WELLNESS CENTER AND ITS OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, EXECUTORS AND ALL OTHERS FROM ANY AND ALL RESPONSIBILITIES OR LIABILITY FOR INJURIES OR DAMAGES RESULTING FROM MY PARTICIPATION IN ANY ACTIVITIES OR MY USE OF EQUIPMENT OR MACHINERY IN THE ABOVE-MENTIONED FACILITIES OR ARISING OUT OF MY PARTICIPATION IN ANY ACTIVITIES AT CONCORDE HEALTH AND WELLNESS CENTER. I DO ALSO HEREBY RELEASE ALL OF THOSE MENTIONED AND ANY OTHERS ON THEIR BEHALF FROM ANY RESPONSIBILITY OR LIABILITY FOR ANY INJURY OR DAMAGE TO MYSELF, INCLUDING THOSE CAUSED BY THE UNINTENTIONAL ACT OR OMISSION OF ANY OF THOSE MENTIONED OR OTHERS ACTING ON THEIR BEHALF OR ANY WAY ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN ANY ACTIVITIES OF CONCORDE HEALTH AND WELLNESS CENTER OR THE USE OF ANY EQUIPMENT AT CONCORDE HEALTH AND WELLNESS CENTER. (PLEASE INITIAL ____)

2. 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 THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES AND USING EQUIPMENT AND MACHINERY WITH KNOWLEDGE OF THE DANGERS INVOLVED. I HEREBY AGREE TO EXPRESSLY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. (PLEASE INITIAL ____)

3. I DO HEREBY FURTHER DECLARE MYSELF TO BE PHYSICALLY SOUND AND SUFFERING FROM NO CONDITION, IMPAIRMENT, DISEASE OR INFIRMITY, OR OTHER ILLNESS THAT WOULD PREVENT MY PARTICIPATION IN ANY OF THE ACTIVITIES AND PROGRAMS OF CONCORDE HEALTH AND WELLNESS CENTER OR USE OF EQUIPMENT OR 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 OF IN THE USE OF EXERCISE 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 A PHYSICAL ACTIVITY, EXERCISE AND USE OF EXERCISE AND TRAINING EQUIPMENT SO THAT I MIGHT HAVE RECOMMENDATIONS CONCERNING THESE FITNESS ACTIVITIES AND EQUIPMENT USE. I ACKNOWLEDGE THAT I HAVE EITHER A PHYSICAL EXAMINATION AND HAVE BEEN GIVEN MY PHYSICIAN'S PERMISSION TO PARTICIPATE, OR THAT I HAVE DECIDED TO PARTICIPATE IN ACTIVITY AND/OR 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. (PLEASE INITIAL ____)

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SIGNATURE

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