

Waiver:

I, _____, represent that I am in good physical condition and able to participate in fitness activity.

Initial _____

If I currently carry a health risk(s) or have a past or current medical infirmity for which I have received physical therapy, cardiac care, surgery or on-going medical care, I state that I have discussed my exercise program with my physician and have received permission to participate.

Initial _____

Although the trainers are certified fitness professionals, I understand that the possibility of accidental or other physical injury exists. I understand that Personal Best Hiking Club includes outdoor activity that inherently carries greater risk than standard indoor exercise. I further agree to assume the risk of such injury and agree to indemnify and hold harmless Personal Best Fitness, or any of its agents from any and all liability resulting from the actions in the Outdoor Hiking Club program.

Initial _____

(Signature of Participant)

_____/_____/_____
Date