



### GROUP EXERCISE WAIVER AND RELEASE FORM

I, \_\_\_\_\_, have enrolled in the health and fitness program offered by Melody Lane Performing Arts Center. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or otherwise limit my full participation in this physical program.

In addition, I am fully aware of the risks and hazards connected with the participation in the physical program including, but not limited to, physical injury or even death. I hereby elect to voluntarily participate in this program knowing that the associated physical activity may be hazardous to me and/or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF PARTICIPATION IN THIS PROGRAM.

I hereby release, waive, discharge, and covenant not to sue Melody Lane P.A.C or any of its volunteers, and/or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury (including, but not limited to, death) that may be sustained by me, or to any property belonging to me, while participating in this program.

It is my expressed intent that this waiver and release shall bind any and all members of my family including, but not limited to, my spouse, if I am alive, and my heirs, assigns, and personal representatives, if I am deceased. It is also my expressed intent that this waiver and release shall also be deemed a full release, waiver, discharge, and covenant not to sue insofar as my aforementioned family members, heirs, assigns, and personal representatives are concerned. I hereby further agree that this waiver and release shall be constructed in accordance with the laws of the State of Florida.

In signing this waiver and release, I acknowledge and represent that I have read and understand the foregoing and hereby sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I hereby execute this waiver and release for valuable consideration, intending to be bound by the same.

Sign: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

D/O/B: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

PHONE: \_\_\_\_\_

Medical Conditions/Health Info: \_\_\_\_\_