

Kinetix Health Club

6015 Fort Ave Suite 24

Lynchburg, VA 24502

The Federal Equal Credit Opportunity Act Prohibits creditors from Discriminating against credit applicants on the basis of sex or marital status. The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580



Power Lifting Meet

Name: _____ **Phone Number:** _____

Date of Birth: _____

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

I request authorization for me to participate in the identified fitness activity or program. I acknowledge that participation by me is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

1. Physical exercise, sport, and recreational activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, wellness, and/or recreational activities. My participation is a voluntary activity in all respects and I assume all risks of injury and illness that may result from such participation in any sponsored group activity or individual activity.
2. As the participant, I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which I may sustain as a result of participating in any and all activities arising out of, connected with, or in any way associated with this program or activity. I acknowledge that participation in this activity or program is voluntary.
3. I do hereby fully release and discharge Kinetix Health Club and their agents, employees and sponsors, and those whose facilities are being used for this program (collectively, the "Released Parties") from any and all liability, claims, and causes of action from injuries or illness (including death), damages or loss which I may have or which may accrue to me on account of participation in any activity or program. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties' negligence. I covenant not to sue the Released Parties for any alleged liabilities, claims, or causes of action released hereunder.
4. I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation in this activity or program.
5. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.
6. I have been advised by Kinetix Health Club to consult with a physician before I undertake any physical exercise program. I certify that I am in good health and sufficient physical condition to properly participate in this fitness activity, that I am knowledgeable about the proper use of any equipment that I will use and the rules of any activities that I will participate in; and that I will carefully read the operating instructions for any fitness equipment prior to use and will operate such equipment in strict accordance with instructions. I additionally agree to follow any directions or instructions given to me by those overseeing the program.

I have read and fully understand this Acknowledgement and Release of Liability set forth above, including the permission to secure medical treatment and the release of all claims, including claims for the negligence of the Released Parties. I also certify that I am 18 years old or older. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

Signed: _____ **Date:** _____

Printed Name: _____

Activity or Program: _____