

**FITNESS AND NUTRITION QUEST TO BE FIT  
MIND BODY AND SOUL**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE  
*PLEASE READ CAREFULLY!***

**Name** Last \_\_\_\_\_ First \_\_\_\_\_  
**Address** Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH. PHYSICAL EXERCISE AND NUTRITION I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of **FITNESS & NUTRITION MINISTRY, THE ROCK CHURCH AND THE LORD'S FITNESS** allowing me to participate in **PHYSICAL EXERCISE AND NUTRITION CLASSES**, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

**CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of participant \_\_\_\_\_

Print name clearly \_\_\_\_\_

Signature of parent or guardian if under **18 year** \_\_\_\_\_