



PLEASE READ THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT ALL PROVISIONS WITH YOUR SIGNATURE.

1. That I am participating in the training, programs, exercises and events, Fitness classes offered by Block Fitness during which I will receive instruction.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in any fitness program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in class.
3. In consideration of being permitted to participate in any group fitness class I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in any fitness program I knowingly, voluntarily, and expressly waive any claim I may have against Block Fitness for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue any Block Fitness Concierge, instructor for any injury or death caused by their negligence or other acts. I have read the above release and waiver or liability and fully understand its contents I voluntarily agree to terms and conditions stated above.

BLOCK FITNESS

Signed: _____

By: _____

Date: _____

CLIENT

Client Signature: _____ Date of Birth: _____ Today's Date: _____

Parent/Guardian Signature (Required if under 18 years old):

Print Parent/Guardian Name: _____