

## **Agreement and Release of Liability**

**I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical exam and consultation with my physician concerning my health and physical activity so I might have his/her recommendations. I acknowledge that I have had a physical exam and have my physicians approval for physical activity, or that I have decided to participate in physical activity and use exercise equipment without approval of my physician and do hereby assume all responsibility for my participation in this program.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_