

**BelieveN-U Fitness, LLC**  
**GROUP EXERCISE WAIVER AND RELEASE FORM**

I, \_\_\_\_\_, (Print neatly) acknowledge that a **Group Exercise Programs/Boot Camp Indoor & Outdoor/Personal training** are designed to provide general guidelines by a Group Fitness Instructor or Personal Trainer. I understand that there are health risks associated with activities in this Group Exercise program. These health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the Group Instructor, and consult my physician.

The COVID-19 virus is a pandemic and is said to be highly contagious by the World Health Organization (WHO). By coming to Believe N-U Fitness, you understand it will not protect you from contracting COVID-19 from any of the Instructors or any of the members. All Instructors at Believe N-U Fitness are following all measures to keep members and clients safe.

By signing this waiver you absolve Believe N-U Fitness and their instructors from any liability should you contract COVID-19 while at Believe N-U Fitness, and any subsequent damage that result, such as loss of work or death.

I can perform physical exercise and acknowledge that I am voluntarily participating in this Group Exercise Program. I am participating in the Group Exercise Program with knowledge of the dangers and risks involved. I understand that I am fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult my personal physician for further evaluation and such medical care as I require.

**I acknowledge that my participation in the Group Exercise program is at my sole risk.** I have been advised to consult with my personal physician before participation in the training sessions. If recommended by my physician, I will consult with him/her on a regular basis. The Group Instructor or other fitness staff is not responsible for monitoring my compliance with my physician's recommendations. Even consultation with my regular physician is in no way a guarantee against the possibility of adverse occurrences during the training sessions.

I am responsible for my own health and actions in the Group Exercise Program, this includes utilizing any fitness equipment and exercise machines; specifically, indoor spin bikes and stairmill. I am voluntarily participating in the fitness activities and am aware of the risks involved.

In consideration for my voluntary participation in the Group Exercise Program, Personal Group Boot Camps and/or Personal Training sessions. I, my family, heirs, executors, representatives, administrators, and assigns waive, release, and forever discharge the company & Group Instructors known as **BelieveN-U Fitness, LLC**, located at **435 W. Main Street, Saxonburg Pennsylvania 16056** and their respective landlords/property owners, managers/officers, directors, employees, Instructors and agents from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the **BelieveN-U Fitness, LLC Services/Programs** and my participation in the Group Exercise Program, Personal Group Boot Camps and/or Personal Training sessions. This waiver includes, but is not limited to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the Group Exercise Program, including the travel to and from the facility, I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the company known as **BelieveN-U Fitness LLC** and/or my Group Exercise Instructors.

**The risks include for *outdoor activities, among other things*:** the hazards of walking on uneven terrain and slips and falls; the forces of nature, including lightning and rapid weather changes; the risk of exposure to insect bites; the risk of cold including hypothermia; my own physical condition, and the physical exertion associated with this activity.

I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate despite the risks.

I certify that I have read the above Group Exercise Waiver and Release of Liability and have had any questions answered to my satisfaction.

**Participant's Name (*PRINT*):** \_\_\_\_\_

**Participant's Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Participant's Email:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Contact Telephone:** \_\_\_\_\_

### **PARENT/GUARDIAN WAIVER FOR MINORS**

If the participant is under the age of consent (*18 years of age*), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_