

FITNESS FRENZY WAIVER/RELEASE

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (h) _____ (w) _____

EMERGENCY CONTACT _____ PHONE _____

EMAIL _____ CELL # _____

WAIVER OF CLAIMS AND RELEASE FROM LIABILITY

I release, absolve and agree to hold harmless and indemnify Person County and its Health Department, Parks and Recreation Department, Cooperative Extension Department, Kim Morgan and the PC Senior Center, Stacey Davis and Jazzercise, Dr. Ann T. Bradsher and Person Memorial Hospital, Rox Fitness Center, Total Fitness Center, S.W.A.B. Fitness, Healthy Personians, Person County Running Club, Elements of Wellness (Electra L. Westmoreland, LMBT), McIntyre Massage and Wellness Center, and Leslie Howren, their staff, sponsors and representatives (herein after collectively called "Sponsors") from and against any and all liability, and from and against any claims, demands, costs or expenses, or causes of actions arising out of or in connection with the above activity for which I have registered.

I expressly acknowledge that I am aware that the above activity, even under the safest conditions possible, **may involve risk or hazard** to me. Nevertheless, **I expressly assume all risk or hazard** related or incidental to, arising out of or connected to, the above activity, including risk of loss or damage to property and/or personal injury or death, however caused. If I have any question or concern, or I feel I do not have adequate information, about risks or hazard of the above activity, I realize that I should not sign this Waiver and Release before satisfying myself completely about such question or concern.

I represent to the Sponsors, knowing that it will rely on my representation, that I have the experience, training and knowledge appropriate to participate in the above activity without supervision or special precautions. I also represent that I do not have any special needs or require special accommodation necessary for me to participate safely in the above activity. If I do, however, have special needs or require special accommodation, then I have disclosed them to the appropriate staff person of the Sponsors. I realize and agree that the Sponsors may decline to allow me to register for the above activity if, in its sole judgment, it feels it cannot assure my safe participation in the above activity due to such special needs or required special accommodation.

I further represent that I am at least 16 years of age, am physically fit to participate in the above activity, and have not otherwise been informed, or cautioned to restrict my physical activities, by a physician. I am of legal age and competent to sign this Waiver and Release **or am under legal age and have consent from a parent/guardian as evidenced below by their signature.** I REALIZE THAT I AM GIVING UP LEGAL RIGHTS AGAINST THE SPONSORS AND THEIR REPRESENTATIVES BY SIGNING THIS. **I HAVE READ THIS WAIVER AND RELEASE FULLY AND UNDERSTAND ALL ITS PROVISIONS.**

I give my permission and grant to Person County the right to make pictures and sound recordings of me or my child, if applicable and the right to use such pictures and sound recordings, including the right to identify my child's name, likeness, voice and words, in television, film, newspaper, magazine, internet, and other media of any form, for the purposes of advertising and communicating the purpose and activities of the Person County and for the purpose of applying for funds to support those purposes and activities.

Participant Signature (or Guardian **if under legal age**) _____

_____ Date