

WAIVER AND RELEASE FORM

ALL OUT FITNESS CAMP PARTICIPANT ACKNOWLEDGES AND ASSUMES ALL RISKS INVOLVED WITH ANY ALL OUT FITNESS CAMP ACTIVITIES. THE PARTICIPANT, PARTICIPANT'S HEIRS, SPOUSE, CHILDREN, UNBORN CHILDREN, PERSONAL REPRESENTATIVE AND AGENTS FULLY RELEASE ALL OUT FITNESS CAMP, VALERIE DUGGAN, ALL OUT FITNESS CAMP EMPLOYEES, CONTRACTORS, OR OWNERS FROM LIABILITY AND FOREVER DISCHARGE OF ANY CLAIMS, DEMAND, ACTIONS, OR LAWSUITS, ON ACCOUNT OF INJURIES OR DEATH. PARTICIPANT ACKNOWLEDGES THAT PHYSICAL ACTIVITY INVOLVES THE INHERENT RISK OF PHYSICAL INJURIES TO THE MUSCULOSKELETAL AND/OR CARDIO-RESPIRATORY SYSTEM. THERE EXISTS THE POSSIBILITY OF ADVERSE CHANGES DURING ALL OUT FITNESS CAMP SUCH AS ABNORMAL BLOOD, PRESSURE FAINTING, DIOSRDER OF THE HEART RHYTHM, STROKE, AND IN RARE INSTANCES HEART ATTACK AND EVEN DEATH. ALL OUT FITNESS CAMP PARTICIPANT FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION, SLIP AND FALL, OR AN UNKNOWN HEALTH PROBLEM. ALL OUT FITNESS CAMP PARTICIPANT AFFIRMS THAT HE OR SHE IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY HEALTH CONDITION OR DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. ALL OUT FITNESS CAMP PARTICIPANT ACKNOWLEDGES THAT THE EXERCISE CLASS WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND AGREES THAT IT IS THE RESPONSIBILITY OF THE PARTICIPANT TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE, REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF PARTICIPANT TO TAKE PART IN ALL OUT FITNESS CAMP ACTIVITIES. ALL OUT FITNESS CAMP PARTICIPANT UNDERSTANDS PHOTOS OR VIDEOS MAY BE TAKEN DURING THE COURSE OF THE INVOLVEMENT IN BOOT CAMP, WHICH MAY BE USED FOR PROMOTIONAL PURPOSES. BY SIGNING AT THE BOTTOM OF THIS PAGE, ALL OUT FITNESS CAMP PARTICIPANT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATING IN THE PHYSICAL ACTIVITIES AND AGREES TO ASSUME ALL RISKS AND RESPONSIBILITIES INVOLVED WITH EXCEEDING HIS OR HER PHYSICAL LIMITS.

PRINT NAME: _____

SIGNATURE: _____

EMAIL: _____

DATE: _____