

**GROUP EXERCISE WAIVER AND RELEASE FORM**

I have enrolled in the health and fitness program offered by Colonial Fit RVA. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or otherwise limit my full participation in this physical program.

In addition, I am fully aware of the risks and hazards connected with the participation in a new fitness program. I hereby elect to voluntarily participate in this program knowing that the associated physical activity may be hazardous to me and/or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF PARTICIPATION IN THIS PROGRAM and I hereby release, waive, discharge, Colonial Fit RVA and/or any of its officers, servants, agents, consultants, volunteers, and/or employees from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to the above.

In signing this waiver and release, I acknowledge and represent that I have read and understand the foregoing and hereby sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I hereby execute this waiver and release for valuable consideration, intending to be bound by the same.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

DATE \_\_\_\_\_