



PARTICIPANT'S RELEASE AND AGREEMENT

I, the undersigned, hereby agree to participate in an exercise class, nutritional services and/or program ("Program") offered by MultiSport Fitness, LLC. I understand that there are inherent risks in participating in a program of strenuous exercise and altering my nutrition. I warrant and represent that I am in acceptable health and that I may participate in the Program. By signing up and/or attending any Program, I am confirming that I have not been instructed by a physician not to do so. I agree that I have been honest in my statements regarding my health and medical history and if there are any medical or health conditions or problems, I further agree to obtain a physician's clearance before participating in the Program. If restrictions exist, I will inform MultiSport Fitness, LLC at the time and allow MultiSport Fitness, LLC to contact my physician for additional information.

I agree that MultiSport Fitness, LLC shall not be liable or responsible for any injuries to me or illnesses resulting from my participation in the Program and I expressly release and discharge MultiSport Fitness, LLC, and its employees, agents, and assigns, from all claims, actions or judgments which I or my heirs, executors, administrators or assigns may have or claim to have against MultiSport Fitness, LLC, and/ or its employees, agents and assigns for all injuries, illnesses or other damage which may occur in connection with my participation in the Program. This release shall be binding upon my heirs, executors, administrators, and assigns.

MultiSport Fitness, LLC hereby also advises that if, in the opinion of a MultiSport Fitness, LLC staff member, you may be a physical risk or you may cause physical risk to others by attending a class or activity or by using facilities belonging to MultiSport Fitness, LLC, we reserve the right to prevent you from participating in this activity or class.

I have read this release and agreement and I understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Signature _____ Date _____
Parent if under 18

Print Name _____ Date _____
Youth Participant and Parent if applicable

Email _____ Cell _____

Emergency Contact _____