

**PHYSICAL
THERAPY
SPECIALISTS**



**SPECIALIZED
FITNESS
& TRAINING STUDIO**

Specialized Fitness and Training Studio Liability Release for : _____
PRINT NAME

In signing below I agree to the following Waiver and Release of Liability:

Waiver and Release of Liability: By signing this contract, you agree that if you engage in physical exercise or activity or use any Specialized Fitness and Training Studio facility on the premises, you do so at your own risk. This includes, without limitation, your use of the lockers, bathrooms/shower facilities, parking area, sidewalk or any equipment in the studio or physical therapy clinic and your participation in any activity, class, program or instruction. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, damage or loss to you or your property that might result, including, without limitation, any loss or theft of personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge us (and our affiliates, employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence. This Waiver and Release of Liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break; (b) our improper maintenance of any exercise equipment or facilities (c) our negligent instruction or supervision, and (d) you slipping and falling while in the studio or on the premises. You acknowledge that you have carefully read this Waiver and Release of Liability and fully understand that this is a release of liability. You are waiving any right that you may have to bring legal action to assert a claim against us for our negligence.

Name: _____
(Signature)

Date: _____

Membership paid on: _____ By way of : _____