

KORE KONDITIONING STUDIOS*

5033 1ST AVE. EDSON, AB (780) 712-3991

Release and Indemnification

I, the member of participant understand and agree that fitness activities may be hazardous activities and I should **contact a health care professional or doctor**, before beginning any new activities, or exercise programs. I am voluntarily participating in these activities and using the facilities and equipment of Kore Konditioning Studios, with full knowledge of the risks and dangers related hereto.

Indemnification

I, together with my heirs, representatives or assigns hereby agree to indemnify, defend and hold harmless, Kore Konditioning Studios, its officers, agents, employees, representatives, executors and all other from any and all claims for liability against without limitation, including any interest, penalty, legal cost and expenses incurred either directly or indirectly by reason of, resulting from, or associated with my use of the fitness facility or participation in any activities at the fitness facility.

Waiver

In consideration of being allowed to participate in the activities and programs of Kore Konditioning Studios and to the use of their equipment and facilities. I do hereby waiver, release and forever discharge Kore Konditioning Studios, it officers, agents, employees, representatives, executors and all others from any responsibilities or liabilities for any injury or damage resulting from my membership or participation in any activities. I also hereby release all of the above and any others acting in their behalf from any responsibility or liability for any injury or damage to myself or my belongings, including those caused by the negligent acts or omissions in connection with the use of any equipment or participation in any activities.

Declaration

I do hereby declare myself to be physically sound and suffering from no condition, impairment or other illness that would prevent my participation or use of the fitness facilities and equipment.

I do further acknowledge that I have been informed of the need for a physician's approval for my participation in exercise, training or weight loss activities. I acknowledge that I have either had a physical examination and have been given permission by my doctor to participate or that I have decided to participate in activities, equipment use and without such medical permission and I do hereby assume all the risks associated with this decision. I hereby acknowledge and certify that I have read this release and indemnification and agree with its terms herein.

MEMBERS NAME: _____

MEMBERS SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

WITNESS SIGNATURE: _____