



INSTRUCTOR'S NAME: _____

Fitness Warriors Program Participation Rules and Safety:

- Agrees to report all injuries (even minor injuries) to the lead instructor.
- Agrees to wear appropriate fitness equipment during participation.
- Agrees to follow all rules of the activity and the instructor.
- Agrees to stop participation if the instructor asks you to stop.
- Agrees to stop participating if at any time the participant feels the conditions are unsafe.
- Agrees to not take part under the influence of drugs or alcohol.

Promotional Rules:

Agrees to provide permission to the Sports Backers and the Richmond City Health District to use photos and videos recorded during training for any legitimate promotional purpose.

Assumption of Risk and Participant Waiver:

I know that participating in a group fitness class is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I agree to abide by any decision of an instructor relative to my ability to safely complete the class. I assume all risks associated with participating in the class, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my application to participate, I, for myself and anyone entitled to act on my behalf, waive and release the Metropolitan Richmond Sports Backers and its officers and agents, the City of Richmond Health District from all claims or liabilities of any kind arising out of my participation in this fitness class.

Name of Participant (Printed) _____

Participant's Signature _____

Date _____

If the participant is under the age of 18, the waiver must be signed by the parent or guardian:

Parent or Guardian Signature _____

Date _____