



INSTRUCTOR'S NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### **Fitness Warriors Program Participation Rules:**

In consideration of my participation in any fitness class conducted as part of the Fitness Warriors Program, I, on behalf of myself acknowledge, accept and agree to the following:

- I agree to report all injuries (even minor injuries) to the lead instructor.
- I agree to wear appropriate fitness equipment during participation in the class.
- I agree to follow all rules of the class and the instructor.
- I agree to stop participation in the class if the instructor asks me to stop.
- I agree to stop participating if at any time I or my Ward feel the conditions are unsafe.

**Initial here to attest you have read the Fitness Warriors Program Participation Rules and agree to abide by them at all times:** \_\_\_\_\_

### **Promotional Rule:**

I, on behalf of myself, and if applicable, irrevocably grant unlimited permission to the Sports Backers and the Richmond City Health District to use photos and videos recorded during any Fitness Warriors Program class for any legitimate purpose in perpetuity and that I will not be entitled to any compensation in connection therewith.

**Initial here to attest you agree with the promotional rule:** \_\_\_\_\_

### **Assumption of Risk / 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, and by my signature below, I certify that I am medically able to perform the class, and am in good health, and I am properly trained. I agree to abide by any decision of an instructor relative to my ability to safely participate in the class and I attest that I have read the Fitness Warriors Program Participation Rules and agree to abide by them. I, on behalf of myself, assume all risks associated with participating in the class, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, potential exposure to communicable disease, physical injury or illness as a result of physical activity or being on the premises where the class takes place, which risks may result in serious injury, illness, emotional distress, permanent disability and death (collectively, the "Risks"), all such Risks being known and appreciated by me. I acknowledge that if I believe the class conditions are unsafe, I will immediately discontinue participation in the class. I fully accept and assume, on behalf of myself, all responsibility for all losses, costs, and damages I might incur as a result of participating in the class.

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 the City of Richmond Health District, along with their officers, directors, agents, volunteers and employees from all claims or liabilities of any kind arising out of my participation in any fitness class conducted as part of the Fitness Warriors Program.

Participant Name: (Print):	Date:
Signature:	

**Minors: If the Participant is under the age of 18 or under legal guardianship, the waiver must be signed by the parent or guardian:**

Participant/Guardian Name: (Print):	Date:
Minor Name (Print):	
Relationship to Minor:	
Signature:	