

Bamboozle Café Fitness Club

Acknowledgement and Release of Liability

I, _____ acknowledge that my participation in the “Bamboozle Fit Club” is expressly conditioned on my agreement to each of the terms of this document. I hereby agree to the following:

1. I am participating in the “Bamboozle Fit Club” offered by Bamboozle Café during which I will receive information and instructions about health and fitness from accredited instructors affiliated with, but not employed by or agents of, Bamboozle Café. I recognize that fitness programs will be held outdoors and will require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. My participation is a voluntary activity in all respects and I assume all risks of injury, including death; illness; damages; or loss that may result from participation in collective activities such as group exercises or individual activities.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Bamboozle Fit Club. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Bamboozle Fit Club.
3. In consideration of my participation in this program, I hereby fully release and discharge Bamboozle Café and its Affiliated Instructors, the Released Parties, from any claims, demands, and causes of action, even of negligence on the part of the Released Parties, as a result of my voluntary participation. This is a complete and irrevocable release and waiver of liability.
4. I covenant not to sue the Released Parties, for any alleged liabilities, claims, or causes of action released herein now or in the future for conditions that I may sustain. These conditions may include, but are not limited to, heart attacks, muscular injury, broken bones, shin splints, heat prostration, knee injury, back injury, allergies, or any other illness or soreness that I may incur, including death.
5. In the event of any emergency, I authorize the Released Parties to secure any treatment deemed necessary for my immediate care from any licensed hospital, physician and/or medical personnel. I agree that I will be responsible for payment of any, and all medical services rendered.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

I have read and fully understand this Acknowledgement and Release of Liability set forth above. I am 18 years of age or older. This document is binding upon me, my heirs, and my estate.

Name: _____ **Signature:** _____ **Date:** _____

Email: _____ **DOB** _____

Emergency Contact: _____ **Contact Phone#:** _____

If Participant is under 18 years of age:

As legal guardian of _____ I consent to the above terms and conditions.

Signature of Parent/Guardian _____