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## GROUP FITNESS CLASS WAIVER

I \_\_\_\_\_ have agreed to participate in Vivo Outdoor Fitness class. The activities of the group fitness class include strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training. I understand that incorrect performance of exercises can lead to injury, and **I commit to ask for assistance for any exercise I am unsure of how to perform safely.**

Acknowledgement is hereby made that the activities of the class require me to spend time outside in the heat/cold. I further acknowledge that there are risks involved in participating in the outdoor fitness class. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, poor nutrition and lack of hydration.

In consideration of my being accepted into the program, I agree to release and discharge Vivo Outdoor Fitness and any of its employees, volunteers, supervisors, host facility and owner, Ben Blowes, from any injuries sustained by me as a result of participation in this program.

I agree to indemnify and hold harmless, Vivo Outdoor Fitness, and any of its employees, volunteers and supervisors, facilities and owner against any liability incurred as a result of such injury or loss.

Fitness activities and programs require that I be in good health and have no condition that could endanger my wellbeing through participation. I will notify Vivo Outdoor Fitness of any such defects in writing prior to enrolling in this program.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself.

**By signing this form, I acknowledge that I have read this document in its entirety and understand the above.**

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if under 18 years

\_\_\_\_\_  
Date

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_