



Waiver and Release

I agree to abide by the rules of Practical Fitness & Wellness Inc. including the completion of a pre-activity screening questionnaire and/or health/medical information questionnaire prior to participation in any physical activities. I further agree that all use of Practical Fitness & Wellness Inc. programs, equipment and services shall be undertaken at my sole risk and that Practical Fitness & Wellness Inc. shall not be liable for any injuries, accidents, or death occurring to me, including those resulting from negligence, arising either directly or indirectly out of my participation in, or use of Practical Fitness & Wellness Inc. programs, equipment and services. I, for myself and on behalf of my executors, administrators, heirs, and assigns, do hereby expressly release, discharge, waive, relinquish, and covenant not to sue Practical Fitness & Wellness Inc. and its affiliates, officers, Directors, agents or employees for all such claims, demands, injuries, damages, or causes of action, including those resulting from Practical Fitness & Wellness Inc. negligence, arising either directly or indirectly out of my participation in, or use of, Practical Fitness & Wellness Inc. programs, equipment and services.

I declare that I have completed a pre-activity screening and/or health/medical information questionnaire and that I am physically able to participate in physical activity. Furthermore, I acknowledge that Practical Fitness & Wellness Inc. has advised me to obtain a physician's clearance in the event the answers on the pre-activity screening questionnaire and/or health/medical questionnaire indicate that I should not participate in a program of physical activity without a physician's clearance, or if Practical Fitness & Wellness Inc. is unsure of my physical health yet I maintain that I am physically capable of pursuing physical activity without such steps being taken or has done do.

Individual's signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____