

INNOTEC



Agreement and Release of Liability

(Please Print)

Your Name _____

Spouses Name _____

Home Address _____

Division/Satellite _____

Home Phone _____ Work Phone _____

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Innotec and to use its facilities, equipment, and machinery, I hereby waive, release and forever discharge Innotec and its officers, agents, employees, representatives, and all other from an and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the Innotec Fitness Center facility or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for and injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf of in any way arising out of or connected with my participation in any activities of Innotec or use of any equipment at Innotec Fitness Center. (Please initial _____)
2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the Innotec Fitness Center facility or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for physician's approval for my participation in an exercise / fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and / or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial _____)
3. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand the fitness activities on my own time and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)

Date: _____

Signature: _____