



RISK AND DISCOMFORTS OF THE EXERCISE SESSION

The reaction of an athlete's body to performance training cannot always be predicted with complete accuracy. Therefore, there is the risk of certain changes occurring during or following the exercises. These changes include abnormalities of blood pressure or heart rate and, in rare instances, cardiac complications. A physician will not be present during the exercise sessions of the Vibe Fitness program. Should you observe any discomfort or symptoms, report these to the strength coach; use your common sense and stop the exercise. Therefore, I assume full responsibility for my participation in any of Vibe Fitness programs. I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL SUCH RISKS AND DANGERS, including the risk of injury or death that may be associated with, or result from, my participation in the program.

SHARED RESPONSIBILITY FOR SPORT SAFETY: AWARENESS OF RISK

Trainers and clients must share the responsibility for sport and fitness safety. I, the undersigned, am aware and appreciate that there are risks of injury involved in my participation in any training program. Signing this statement is intended to make me aware of my responsibilities in preventing potential injuries or harm, reporting actual injuries, and complying with the treatment plan of my healthcare providers and indicates that I understand and appreciate the risks involved with my participation in the Vibe Fitness training programs. I understand that this includes the risk of brain and spinal cord injury that may result in paralysis, other permanent injury, or possibly death.

RELEASE FROM LIABILITY

I fully agree, for myself and heirs, to hereby fully and forever discharge and release Vibe Fitness, LLC (and its agents and contractors) from any and all liability, all claims and demands, actions and causes of action whatsoever arising out of any damages, costs, loss of services, expenses and any and all claims whatsoever, whether caused by its negligence or of any other reason, on account of, or in any way resulting from personal injuries, conscious suffering, death or property damages to myself or to any other person or property, in any way connected with my preparation or practice for or participation in Vibe Fitness programs.

EMERGENCY MEDICAL TREATMENT

I give permission to Vibe Fitness LLC to obtain on my behalf any emergency medical treatment. In case of sickness, accident or injury, Vibe Fitness LLC has my express permission to secure, at my expense, such medical treatment as is deemed necessary in the sole discretion of Vibe Fitness.

CONTINUATION OF OBLIGATIONS

I agree, for myself and my heirs, that the above provisions, including ASSUMPTION AND AWARENESS OF RISK, RELEASE FROM LIABILITY, AND EMERGENCY MEDICAL TREATMENT shall continue in full force and effect now and at all future times when participant is involved in Vibe Fitness programs.

I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION AND DO CONSENT TO PARTICIPATE IN VIBE FITNESS LLC FITNESS PROGRAMS.

Signed: _____ Dated: _____

Athlete's Signature

Print Participant Name

Parent's Signature

Parent's Name (Print)