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**WAIVER OF LIABILITY  
FOR 24-HOUR GYM USE**

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I/We hereby understand and acknowledge that the gym access and equipment as well as training, programs and events held by the ActiveEDGE Wellness Center may expose me to inherent risks, including accidents, injury, illness or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. I/We understand that I am using the gym at my own risk during after-hours access to the gym and that the Wellness Center will not be staffed during these hours.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and ActiveEDGE Wellness Center furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE ACTIVEEDGE WELLNESS CENTER**, its officers, agents, employees, organizers, representatives and successors from any responsibility, liabilities, demands or claims of any kind arising out of my participation in ActiveEDGE Wellness Center training, programs and/or events.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

\_\_\_\_\_  
PARTICIPANT'S NAME  
*(Please Print)*

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

***PARENT'S SIGNATURE  
IF UNDER 18 YEARS OF AGE***

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE