

## **TERMS OF USE AND LIABILITY WAIVER**

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in fitness assessments, activities, and programs, and in the use of exercise equipment at various sites, including home, club, or worksite, that may be provided or recommended by Shape IT Fitness, LLC., Shape IT Naturally, or Cynthia Keil. I realize that my participation in these activities or in the use of equipment involves various risks of injury and even possible death. I also recognize that there are many other risks of injury, including serious disabling injuries, that may arise due to my participation in these activities or in the use of equipment and that such risks, including remote ones, have been reviewed with me. I also understand that under some circumstances I may choose to engage in activities in a non-supervised setting under circumstances where there is no one to respond to any emergency that may arise as a result of my participation or use of equipment on an individual basis, in an unsupervised setting. Despite the fact that I have been duly cautioned as to such unsupervised and unattended activity or equipment use, and despite the fact that I have been advised against such activity and equipment use in an unsupervised and unattended setting, I, knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility as a result of my participation in fitness assessments, activities, or programs, or in the use of equipment in supervised/attended and unsupervised/unattended settings (within which settings I acknowledge that the risks of injury or death may be greater than in other settings), I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even the risk of death which could occur by reason of my participation in any of the assessments, activities, or programs, or in the use of equipment in any or all settings

I further acknowledge that my participation in the activities and use of equipment is completely voluntary and that it is my choice to participate and/or reuse equipment or not to participate as I see fit. In consideration of being allowed to participate in the activities and programs provided through Shape IT Fitness, LLC., Shape IT Naturally, or Cynthia Keil and /or in the use of its facilities and equipment, I do hereby waive, release and forever discharge Shape IT Naturally, Shape IT Fitness, LLC., or Cynthia Keil, and all of its directors, officers, agents, employees, representatives, successors and assigns, and all other from any and all responsibility or liability for injuries or damages resulting from my participation in any activities at Shape IT Naturally, Shape IT Fitness, LLC., or elsewhere. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any 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 or in any way arising out of or connected with my participation in any of the contemplated activities or in the use of equipment through Shape IT Naturally, Shape IT Fitness, LLC., or otherwise.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved.

I do 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 provided through Shape IT Naturally, Shape IT Fitness, LLC., or Cynthia Keil or in the use of equipment and machinery. I do hereby acknowledge that I have been informed of the need or desirability for a physician's approval for my participation in exercise/fitness activity or in the use of exercise equipment. I acknowledge that it has been recommended that I have yearly or more frequent physical examination and consultation with my physician as to physical activities and exercise and as to the use of exercise equipment, so that I might have recommendations concerning these physical activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities or in the utilization of equipment without that approval.

In Witness Whereof, the participant has executed this Express Assumption of Risk/Prospective Waiver of Liability and Release by agreeing to the Terms of Use on the Health Survey provided by Shape IT Fitness, LLC., Shape IT Naturally, and Cynthia Keil.