



## **FUEL Rx FITNESS, INC.**

### **Release/Assumption of Risk Agreement**

In consideration of gaining access to participate in activities associated with Fuel Rx Fitness, Inc's mobile gym  
Name of program, facility, equipment, and

Outdoor Boot camp & Home fitness. Fully providing fitness machinery & non-machinery equipment for program design based on clients goal(s). I do hereby waive, release, and forever discharge Fuel Rx Fitness, Inc.

Machinery \_\_\_\_\_  
Name of organization/program

and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in said program. \_\_\_\_\_ **(Please initial.)**

I understand the policies and procedures set forth by Fuel Rx Fitness, Inc. and I have had the opportunity to discuss my specific needs in relation to participatory activity; and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. \_\_\_\_\_ **(Please initial.)**

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the Mobile gym facility, Outdoor Boot camp facility, Home fitness (client's facility) and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facilities equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities and/or individual activities related to exercise and activity
- Incidents that occur within the institution facilities, locker rooms, dressing rooms, showers, and other areas associated with Fuel Rx Fitness, Inc.

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with Fuel Rx Fitness, Inc. \_\_\_\_\_ **(Please initial.)**

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of Fuel Rx Fitness, Inc. \_\_\_\_\_ **(Please initial.)**

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Participant's name (please print clearly)

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Participant's signature

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Parent/Guardian's signature (if needed)

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Witness' signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_