

RM4 Exercise Release Form

Name: _____

Age: _____ Date of Birth: _____

Phone Number (Home): _____ (Cell): _____

Address: _____

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY RM 4 EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURING IN OR ABOUT RM 4'S PREMISES. I HEREBY ASSUME FULL RISK, WAVE ALL CLAIMS AND RELEASE AND HOLD RM 4, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE VOULUNTARILY.

All applicants must sign. Parents or guardians must co-sign if applicant is under 18.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____