

## **Fit First Participant Agreement of Release and Waiver of Liability**

To all Participants: Please read the information below, sign your name, and date. Contact Jennifer Stephens (jstephens@myfumc.org) at 817/363-3291 with questions or to request clarification. Thank you.

I, \_\_\_\_\_, hereby agree to the following:

I am aware that engaging in physical fitness activities may result in accident or injury. I assume the risk connected with participation in this activity. I represent that I am in good health. I suffer from NO physical impairments except for those of which I have provided written notice to the class instructor. I acknowledge that the class instructor has not rendered and will not render any medical services including medical diagnosis of my physical condition I understand and agree that engaging in these activities does not constitute instructor training and that I will not represent that I am a trained instructor of instructors by reason of engaging in these activities.

**I, for myself and on behalf of my personal representatives, successors, and assigns, hereby release and indemnify the class instructor, their personal representatives, successors, and assigns, and First United Methodist Church of Fort Worth, its trustees, officers, employees, volunteers, agents, successors and assigns (collectively the "Released Parties") and agree that they will not be liable or responsible for, and will be saved and held harmless by me from, any and all suits, actions, lawsuits, damages, claims or liability of any character, type or description, including all expenses of litigation, court costs and attorney fees, arising directly or indirectly from my participation in physical fitness activities, whether during participation in exercises led by the Released Parties or performed alone at any time, specifically including any claims arising in whole or in part from the negligence of the Released Parties.**

**It is my express intent to release and indemnify the Released Parties from the consequences of their own negligence, whether that negligence is the sole or a contributory cause of my injury or death, the injury or death of any other person, any damage to or destruction of my property, or any damage to or destruction of the property of any other person.**

I have read the above release and waiver of liability and fully understand its contents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address