

Group Fitness at Westminster Presbyterian North Campus  
**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY**

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

1. I am participating in Group Classes offered by The Westminster Presbyterian North Campus during which I will receive information and instruction about the Group Fitness method and technique, as well as fitness, and health. I recognize that The Westminster Presbyterian North Campus 's class and other exercise fitness routines require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of and consent to the risks and hazards involved therein.

2. I realize there are special risks that could be associated with pregnancy, prior surgeries, injuries, and medical conditions that may carry additional health concerns. I have discussed these with my personal physician, and I have obtained his or her consent to participate in activities offered by The Westminster Presbyterian North Campus.

3. I understand that it is my responsibility to consult with a physician prior to, and regarding my participation in Group Fitness Classes offered by The Westminster Presbyterian North Campus, as well as other exercise fitness routines, programs, or workshops offered by The Westminster Presbyterian North Campus. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Group Fitness Classes. I understand that it is my responsibility to update this waiver with regard to any health condition changes that I experience in the future.

4. In consideration of being permitted to participate in Group Fitness Classes, as well as exercise fitness routines, health programs, or workshops offered by The Westminster Presbyterian North Campus :

- I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation in Group Fitness Classes;
- I, knowingly, voluntarily, and expressly waive any and all claims that I have, or may have in the future, against The Westminster Presbyterian North Campus for any injuries or damages that I have sustained, or may sustain, as a result of participating in Group Fitness Classes, exercise fitness routines, health programs, or workshops offered by The Westminster Presbyterian North Campus;

5. I, my heirs, and/or legal representatives' forever release waive, discharge and covenant not to sue The Westminster Presbyterian North Campus for any injury or death caused in whole or in part by their actions or negligence and/or the actions or negligence of any other individual or entity.

6. I understand that in the event I violate any provision of this Agreement, The Westminster Presbyterian North Campus shall have the full right to seek all remedies available to it by operation of law. I agree to reimburse The Westminster Presbyterian North Campus for all costs, expenses, or damages that it incurs as a result of any violation of any provision of this Agreement. This obligation shall include all reasonable attorneys' fees and costs.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement shall be governed by the laws of the state of Oklahoma.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF PARTICIPANT DATE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

I understand that each class's fee will be paid at the beginning of class \_\_\_\_\_