



Agreement and Release of Liability

In consideration of being allowed to participate in the activities and programs of Summit Youth Development, I do hereby waive, release, and forever discharge Summit Youth Development, its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activity or by use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon 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 activities and the use of any equipment under the direction of Summit Youth Development.

I understand and am aware that exercise is a potentially hazardous activity that involves a risk of injury or even death, and am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby expressly agree to expressly assume and accept any and all risks of injury or death.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or any other illness that would prevent my participation or use of equipment or machinery except as herein stated. I do hereby acknowledge that I have been informed of the need of a physician's approval for my participation in an exercise activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Participant _____ **Date** _____

Parent/Guardian (if under the age of 18) _____ **Date** _____