

Xtreme Measures

Statement of Liability Waiver

I, (Print name) _____, have enrolled in a program of strenuous physical activity including, but not limited to the use of the Xtreme Measures facility, aerobic dance, weight training, stationary bicycling, and various aerobic conditioning machinery offered by Xtreme Measures. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in Xtreme Measures' exercise program and use of the facility. In consideration of my participation in Xtreme Measures' exercise program, I, (please initial) _____, for myself, my heirs and assigns, hereby release Xtreme Measures (its employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in Xtreme Measures' exercise programs including, but not limited to miscarriage, heart attack, muscle strains, pulls, or tears, broken bones, soreness, or injury however caused occurring during or after my participation in the exercise program and use of the facility.

Signature

Date