Release of Liability and Assumption of Risk

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I,, agree and consent to the following:
1. I am voluntarily participating in a fitness program conducted by Muscle Inspires New Empowerment (M.I.N.E.). I recognize that the program requires physical exertion that may be strenuous at times and could cause physical injury. I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program to the best of my knowledge.
3. I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attack, muscle strains, muscle sprains, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. Notwithstanding that risk, I acknowledge that I am knowingly and voluntarily participating in the program with an express
understanding of the danger involved and hereby agree to accept and assume any and all risks of injury, disability, death, and/or property damage arising from the program, whether caused by the ordinary negligence of M.I.N.E. or otherwise. 4. I knowingly, voluntarily and expressly waive any claim I may have against M.I.N.E.
and its officers, directors, manager(s), employees, agents, affiliates, shareholders/members, successors, and assigns (the "Releasees") for injury or damages that I may sustain as a result of participating in the program arising out of or attributable to my participation in the program whether arising out of the ordinary
negligence of M.I.N.E. or any Releasees or otherwise. I covenant not to make or bring any such claim against M.I.N.E. or any other Releasee, and forever release and discharge M.I.N.E. and all other Releasees from liability under such claims. I have read the above waiver and release of liability and fully understand it contents. I
voluntarily agree to the terms and conditions stated above.

Signature:		Date:	/	 <i></i>
Print Name:	 	_		

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