**WAIVER OF LIABILITY / ASSUMPTION OF RISK**

I, , voluntarily choose to participate in services offered at 5th Line Movement and Fitness and taught by its instructors. I understand that physical activity and other activities and services provided by practitioners of 5th Line Movement and Fitness, by their very nature, carry with them certain inherent risk that cannot be eliminated regardless of the care taken to avoid injuries. I understand and acknowledge there may be dangers, hazards, and risks inherent in, associated with, or arising out of such activities and services offered at 5th Line Movement and Fitness.

I understand that I am not obligated to perform nor participate in any activity that I do not wish to, and that it is my right to refuse such participation at any time during my training sessions. I give 5th Line Movement and Fitness and its instructors authorization to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

I understand 5th Line Movement and Fitness is not responsible for lost or stolen items.

In consideration for being allowed to use the facilities at 5th Line Movement and Fitness, I hereby voluntarily release, waive, discharge and hold harmless 5th Line Movement and Fitness, its affiliates, owners, directors, agents, employees, independent contractors, and engaged consultants from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs and/or expenses of any kind or natures whatsoever that may hereafter accrue, arising out of or in any manner relating to my use of or presence at 5th Line Movement and Fitness or any activity, exercise, treatment or service performed or undertaken at 5th Line Movement and Fitness.

By signing this waiver and release, I acknowledge and represent that I have carefully read this waiver and release and understand its contents and that I sign this document of my own free will. I assert that my participation is voluntary and that I assume all risks. I further state that I am at least(18) years of age and fully competent to sign this waiver and release.

Printed Name: Date:

Signature: