



Release of Liability Form

1. Under the consideration of being allowed to participate in the fitness training activities of The Wellness Revelation and its program of Revelation Fitness and to use the facilities, equipment, and services, in addition to the payment fee of any charge, I do hereby forever waive, release and discharge Nikki Hedgecoth and Bridge City Church and its officers, agents, employees, representatives, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and or/property, including those caused by the negligent act or omission of any of those mentioned or other acting on their behalf, arising out of or connected with my participation in any activities, programs or services of The Wellness Revelation and the use of any equipment at various sites, including home, provided by and/or recommended by Nikki Hedgecoth.

PLEASE INITIAL _____

2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the damages involved. I hereby agree to expressly assume and accept any and all risk of injury or death.

PLEASE INITIAL _____

3. I do hereby further decree myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physicians as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate OR I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

PLEASE INITIAL _____

4. I understand that The Wellness Revelation and its programs, in providing and maintaining an exercise/fitness program for me, do not constitute an acknowledgement, representation, or indication of my physiological well-being or medical opinion relating thereto.

PLEASE INITIAL _____

PRINT NAME: _____

EMAIL ADDRESS: *(legible please)* _____

SIGNATURE: _____

DATE: _____