



**One-On-One  
And  
Group Fitness  
Provider**

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**web page**  
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**fax #**  
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**San Diego County**  
619-209-2800

Corporate

Residential

Private

In-Home

Fitness Fun  
For All Ages, Shapes  
and Sizes.

A Division of  
**Island Fitness  
Express Inc.**

**Agreement and Release of Liability**

1. In consideration of being allowed to participate in the activities and programs of Fit-X San Diego and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Fit-X San Diego and 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 activities or my 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 neglect 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 of Fit-X San Diego a division of Island Fitness Express, Inc. or the use of any equipment or facilities at \_\_\_\_\_.

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

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery.

I do hereby acknowledge that I have been informed of the need for a physician approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that is has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to the 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 doctor's 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 responsibility for my participation and activities, and utilization of equipment and machinery in my activities with Fit-X San Diego a division of Island Fitness Express Inc.at \_\_\_\_\_.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_