

**Prescriptive Fitness, LLC Waiver
Metabolic Conditioning Series**

I willingly participate at my own risk and I certify that I am physically fit, and aware of the stresses inherent in participation. I recognize that I should not participate unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform, am in good health, and am properly trained. I agree to abide by any decision of an event official relative to any aspect of my participation in this event/series, including the right of any official to deny or suspend my participation for any reason whatsoever.

I assume all risks associated with participating in this event, all such risks being known and appreciated by me, said risks including but not limited to fall, contact with other participants, the effects of weather, including high heat and/or humidity, and release Prescriptive Fitness, LLC, the Harris Branch YMCA, and any affiliated sponsoring bodies, their agents, employees, representatives and/or affiliated or parent organization and any sponsoring organizations of all claims, demands, damages, causes of action, liabilities or expenses of any kind which occur either directly or indirectly as a result of or in connection with my participation in the event, even if such results from negligence, fault or carelessness of the sponsoring organizations.

This release shall be binding upon my heirs, administrators, successors, and assigns and shall insure to the benefit of the successors and assigns of the sponsoring organization. By this release, I fully intend to discharge the said organization from any and all injuries or losses suffered by me while participation in and traveling to and from any event sponsored by Prescriptive Fitness, LLC and its affiliates.

Prescriptive Fitness, LLC has my permission to use my photograph from this event in web pages and other promotional materials produced, used by and representing their company. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Full Name (print) _____

Address _____

City/Town _____ **State** _____

Zip Code _____ **Phone Number** _____

Date of Birth _____

Email _____

I do not wish to receive updates from Prescriptive Fitness.

Signature _____ **date** _____