

**SURFIA'S BOOT CAMP FITNESS EXERCISE CLASS
LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE**

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me the undersigned *Releasor*, on my own behalf and on behalf of my heirs, executors, administrators, legal representatives and assigns to Surfia's Boot Camp and/or the Town of Atlantic Beach, NC (collectively, the *Releasees*).

I, _____ hereby consent to voluntarily engage in an exercise conditioning class that includes, but is not limited to, the following activities:

Walking / jogging / running / sprinting /jumping, going up and down stairs, jumping rope, lunging, squatting, balance work, calisthenics with medicine balls, kettle bell lifting, exercise bands, tubing, sledge hammers, agility, endurance, resistance, speed, stretching, abdominal and functional training equipment and work.

The levels of exercise that I will perform will be at my own pace, based upon my cardio respiratory (heart and lungs) fitness, muscular strength and endurance. I understand that there are risks that may be associated with any exercise program. I hereby state that I will inform Surfia's Boot Camp of any symptoms during my participation in the exercise class that occur such as fatigue, shortness of breath, chest discomfort, or any pain or discomfort for my safety and benefit. I take full responsibility for stopping an activity myself if it becomes painful or hazardous to my health.

I will be given instructions on how to perform an exercise and will ask any questions of a Surfia's Boot Camp staff member if I do not understand. Surfia's Boot Camp staff will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort.

If I have high blood pressure, diabetes, a heart condition, or if I am taking any prescribed medications that will affect my performance in an exercise class, I will inform a Surfia's Boot Camp staff member prior to participating in the class.

IMPORTANT NOTE: Depending on my health status, if I am 50 years of age, 50 lbs overweight, or have other medical conditions that would put me at risk in an exercise program, I will need a medical release from my doctor prior to participation in the exercise class.

I acknowledge that any type of exercise involves a risk of injury. Surfia's Boot Camp and/or the Town of Atlantic Beach shall not be liable for any injuries or damage to the undersigned, or the property of the undersigned, or subject to any claim, demand, injury or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the class participant or the Releasees. As the undersigned *Releasor*, I recognize that this Release means I am giving up, among other things, all rights to sue *Releasees* for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as me.

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It is agreed that Surfia's Boot Camp and/or the Town of Atlantic Beach shall not be responsible or liable to the undersigned for articles lost or stolen in connection with Surfia's Boot Camp Exercise Class.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Signature of CLASS PARTICIPANT

Date

Photo Release

By participating in a program sponsored by the Town of Atlantic Beach, I grant the Town of Atlantic Beach and/or Surfia's Boot Camp the right to use my name, quotes and any pictures taken of me during the sponsored program.

Signature of CLASS PARTICIPANT

Date

Participant Information — Please Print

Last Name, First Name

Phone Number

E-Mail Address