



elevation
CORPORATE HEALTH

Supplemental Release and Waiver

You, the member, have been advised that any exercise program can be harmful and even dangerous to your health. You have indicated on your Health Questionnaire that there is at least one pre-existing condition that has prompted us to request a **“Physician’s Release”**.

You understand that although the Physician’s Release has been requested it is not the responsibility of the club as to whether or not the Physician’s Release will be sent to us. Therefore, should you decide to engage in any exercise program or physical training without the written release of your physician, you do so **entirely at your own risk**.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge the health club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the Center for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Center, its agents, and employees.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release shall remain in full force and effect and the offending provision of provisions severed here from.

Signed: _____

Names of family members (if applicable)

Printed Name: _____

Dated: ____ \ ____ \ ____
