

PARTICIPANT'S AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

I want to thank you for your continued support. In an effort to provide you with opportunities to maximize your fitness goals, I would like to solicit your input. Your observations and opinions are a valuable resource that I would like to utilize. I am asking that you agree to notify me if you become aware of any problems or defective equipment at Ironworks Gym Tracy. This is your body and your chance to participate in its management. I would also like to remind you that this is your responsibility to make certain that your exercise program is the right one for you. You must consult with your physician before beginning or modifying any exercise regime.

1. I warrant that I am in good health and that I have notified Ironworks Gym Tracy, Boot Camp Instructor or Personal Trainer of any pre-existing medical conditions that I have.
2. The storage of valuables is at my own risk.
3. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
4. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Nunes Pro Fitness LLC- DBA Ironworks Gym, for any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of my equipment or facilities, not including any such claims which allege the negligent acts or omissions of Nunes Pro Fitness LLC - DBA Ironworks Gym.
5. Should Nunes Pro Fitness LLC - DBA-Ironworks Gym or anyone acting in my behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. In the event that I file a lawsuit against Nunes Pro Fitness LLC - DBA Ironworks Gym, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Print Name: _____ **Signature:** _____ **Date:** ____/____/____

Email: _____

***If under 18 years of age, signature of parent or guardian is required:**

Signature of Parent or Guardian: _____

Date: ____/____/____ Print Name: _____

Parent **Street Address:** _____ **3 Day FREE Guest Pass:** _____

City: _____ **ZIP:** _____ **Phone:** _____

THANK YOU FOR CHOOSING IRONWORKS GYM TRACY TO HELP YOU ACHIEVE YOUR HEALTH & FITNESS GOALS!