

HEALTH, MEDICAL and RELEASE FORM



RELEASE OF LIABILITY PART 1

In consideration of being allowed to participate in the programs of Carolina Athletic Development (CAD) and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge Carolina Athletic Development (CAD) and its officers, agents, employees, representatives, independent contractors, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all 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 CAD on or off premises.

RELEASE OF LIABILITY PART 2

I understand and am aware that strength, flexibility, and speed, agility and quickness exercise, including the use of equipment, is a potential strenuous activity. I also understand that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of this possibility. I hereby agree to expressly assume and accept any and all risks of injury or death. I understand that my participation in and use of these activities, machines and equipment is contingent upon my ability to independently, safely and correctly perform prescribed exercises as reviewed by a CAD professional. I understand and accept that it is my responsibility to inform the CAD staff of significant changes in my health & medical condition as it relates to exercise. I acknowledge and agree that in the event my health and/or medical condition changes, and in any way prevents me from performing prescribed exercises safely and correctly, at that time, my exercise program may be limited, restricted or eliminated completely at the evaluation and judgment of a CAD professional.

RELEASE OF LIABILITY PART 3

I acknowledge that it has been recommended that I have a yearly and more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

RELEASE OF LIABILITY PART 4

Participation is completely voluntary, and you may refuse participation at anytime. By signing below you are agreeing to release CAD and all representatives from any responsibility should any situation arise, regardless of fault.

Client/Guardian Signature _____

Date _____

CAD/Contract Signature _____

Date _____