

**DOCTOR CONSENT, WARRANTY OF PHYSICAL HEALTH AND
WAIVER OR LIABILITY**

Activity: _____

Days and Times: _____

IN CONSIDERATION of being permitted to participate in the above activity or use of any facility in connection with this activity, the undersigned agrees to the following:

In registering for the above, I hereby release Jill Turvey, Team Fit, Inc., the class instructor, its representatives, contractors and successors of all liability for damages or injuries suffered while participating in the above listed program.

The undersigned hereby releases, waives, discharges and covenants not to sue Jill Turvey, Team Fit, Inc., the class instructor and employees from all liabilities to the undersigned his or her personal representatives, assigns, heirs and next kin for any loss, damage or claim therefore on account of injury to the person or property of the undersigned whether caused by any negligent act or omission of the releasee or otherwise while the undersigned is participating in the above activity or using any facility in connection with the activity.

The undersigned hereby fully releases and absolve from liability Jill Turvey, Team Fit, Inc., the class instructor, its employees, agents and contractors and participation with it from any and all liability, injury or damages. This release extends to personal and bodily injury, as well as property damage. I, the undersigned, hereby agree to allow the individual name hereon to participate in Team Fit, Inc.'s activities. I further represent that to our knowledge, such person engaging in the above activity has no physical health problems, which would effect participation. I certify that, to the best of my knowledge, the participant named hereon is physically fit and able to engage in the above activities.

This form shall be considered valid until canceled or changed in writing by the undersigned physician and participant.

My signature acknowledges that I understand and agree to all the conditions listed above.

Physician Name

Participant Name

Physician Signature

Participant Signature

Date