



1266 Tamson Drive, Suite 101 Cambria, CA 93428
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INFORMED CONSENT

In consideration of being allowed to participate in the activities and programs of GymOne and to use its facilities, equipment and machinery in addition to the payment of any fee or charge: I do hereby waive, release and forever discharge GymOne, and their officers, agents, employees, representatives, executors, and all others (GymOne representatives) from any and all responsibilities or liabilities from injuries or damages arriving out of or connected with my attendance at GymOne, my participation in all activities, my use of equipment or machinery or any act or omission, including negligence by GymOne representatives.

MEMBER'S INITIALS _____

I understand and am aware that strength training, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

MEMBER'S INITIALS _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activities and use the equipment and machinery without that approval of my physician and do hereby assume all responsibility for my participation, activities, and utilization of equipment and machinery in my activities.

MEMBER'S INITIALS _____

Signature _____

Date _____