## ATHLETE WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
		To time on to gion	
Country	Date of Birth		
-			
Waiver of Liability			
As a condition to, and in consideration of,	•		
located at 168 Industrial Dr. Mashpee, Mas follows:	sachusetts (hereinafter referr	ed to and described as the "Center"), I	I hereby certify, covenant, and agree as
	m able to use the Center on	ed to participate in eversion and fitness	activities available therein without an
I am in good physical condition and a medical restrictions. I will do all exerc		•	a activities available therein, without any nd at my own risk. I understand that the
Center is unmanned and unsupervised			•
Initial here:			
I understand the employees, person diagnosing, examining, or treating r condition(s).  Initial here:	=		t Cape Cod do not have expertise in any specific exercise on any medica
3. I grant permission for first aid and/or personnel, or agents of Owner and Maa result thereof, or as a result of my untitial here:	anager, and I agree that I will		the sole discretion of the employees costs or expenses which may arise as
I acknowledge that I have read and ur to fully comply with these Rules and I initial here:	·		hours of operation of the Center. I agree
and hold harmless Owner and Mana- liability, loss, cost, damage, expense	agree to assume all risk of s ger and any officers directors , claim, or suit whatsoever fo f the Center, except to the e	such injury or loss of or damage to my s, shareholders, partners, employees, or any and all injury, loss, illness, harm extent that such an injury, loss, illness	dental or other physical injury or of loss property, and further agree to indemnify personnel, or agents thereof from any n, cost, expense, claim, suit or damage s, harm, cost, expense, claim, suite or
☐ I agree to these terms.			
What is your previous experience w	ith exercise?		

How did you hear about us?	
Sign your name below:	
	Please read the Electronic Records and Signature
	<u>Disclosure</u>
	☐I agree to use electronic records and signatures