

Release Injury Waiver and Liability Form

“It is recommended that you seek the advice of your physician before commencing any exercise routine. This waiver and release agreement applies to all injuries including, but not limited to, slipping in the facility, injuries caused by malfunctioning equipment...”

In consideration of my being permitted by Vincent Carella or any Spring Power (SP) Certified Instructors or gym staff approved by Vincent Carella (VC) to participate primarily in any SP or other physical fitness programs, I agree to the following waiver and release, and to make the following representations. x____(initial)

- I acknowledge the inherent risks in physical fitness or sports activities, including those that take place indoors. I understand that there are unforeseeable accidents and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to abide by all Spring Power Academy rules (including reimbursement of any broken items caused by use of the academy) and if VC make a specific request of or instruction to me, I agree to comply. x____(initial)
- I am physically fit and know of no medical or health reason why I should not participate in the activities that take place at the Spring Power Academy or VC facilities. x____(initial)
- I fully understand that I may injure myself and I hereby release VC and the SP Academy from any liability now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons, ankle, knee, hip, lower back., shoulder, elbow, wrist, finger, toe injuries, heart attacks, strokes, loss of vision, concussion, dental trauma, death or any other injury or illness, however caused, occurring during or after my participation in any Spring Power or other physical fitness or sports. All students are required to provide their own medical coverage. x____(initial)
- I agree to assume all risk of loss, damage or personal injury, including paralysis or death that may occur while using the facility’s premises resulting from any cause whatsoever at any time. I hereby release VC, and the Spring Power Academy, its instructors and agents from all liability for any such personal injury that I may incur. This hereby release VC, **the Spring Power Academy**, its employees, owners and participants from any claims, demands and causes of action arising from my participation during any Spring Power Academy classes or other physical fitness or sports. x____(initial)
- This release even extends to injuries that may occur through the negligence of Spring Power Academy or club employees or other parties released. x____(initial)
- This release applies to and binds my personal representative, heirs and my family. If a member of my family under the age of 18 accompanies me to the gym or club. I make this release and these representations on his or her behalf as well as my own, and I agree to assume responsibility for his or her safety. x____(initial)
- I agree to indemnify and hold the Spring Power Academy or VC harmless against any and all claims arising out of the member’s or participant’s presence upon the academies premises, including the use of the premises by any family member or participant or guest of the academy member or participant regardless of cause. x____(initial)

Parents and guardian take note! If I am a parent or guardian of a minor participating in any form of Spring Power for Health, or Sports performance or Self Defense training, or other physical fitness or sports, I agree to indemnify and hold harmless VC, and the SP Academy in the event a minor member of my family sues them or any one of them. I understand that this means I will pay all fees, costs and charges incurred by Vincent Carella or any certified instructors or academy staff approved by Vincent Carella or any other party released, including attorney fees. x____(initial)

I hereby affirm that I have fully, understand and agree with the above statements.

Signature of Participant _____ Date _____

Legibly printed name _____

Signature of Parent, if participant is under 18 _____

Legibly printed name _____

Phone No. _____

Email Address: _____

Address _____
